L21000493440

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<u> </u>
·	•	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/10/22

NAME: YACHT LIFE BRANDS, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

YACHT	LIFE BRANDS, LLC			
SUBJECT:		mited Liability Company		
		mico maonity company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	Sylvia C. Jones			
		Name of Person		
	Lewis Brisbois Bisgaard	& Smith		
		Firm/Company		
	110 SE 6th Street, Suite 2	600		
		Address	<u>-</u>	
	Fort Lauderdale, FL 3330	I		
	ieffrey weinstock@lawishe	City/State and Zip Code		
		isbois.com; sylvia.jones@lewisbrish (to be used for future annual report notif		
For further information	concerning this matter, please of	call:		
Jeffrey Weinstock		954 828-0359		
Name	of Person	at ()	Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed	
Mailing Addre	Section	Street Address: Registration Sec		
P.O. Box 63			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



YACHT LIFE VODKA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

f amending the registered agent and/or t and/or the new registered office addr Name of New Registered Agent: New Registered Office Address:	Paracorp Incorporated 155 Office Plaza Drive, 1st Flo	Florida street address , Florida 32301	Zip Code
t and/or the new registered office addr Name of New Registered Agent:	Paracorp Incorporated 155 Office Plaza Drive, 1st Flo		
Name of New Registered Agent:	Paracorp Incorporated	oor	
and/or the new registered office addr			
9 0	ess here:		
	registered office a	ddress on ou	ddress on our records, enter the name of
ddress MAY BE A POST OFFICE	<u> </u>		
alling address, if applicable:			
l office address MUST BE A STRE	ET ADDRESS)		
new principal offices address, if appli	icable:		
w name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC"	or the abbrev
Life Brands, LLC	AT ALL STREET, STREET, SQUINGS		
mending name, <u>enter the new name</u>		here:	
mendment is submitted to amend the fol	llowing:		
da document number L21000493440			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

SEE ATTACHED

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
		· · ·	🖸 Add
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			□Add
		 	□Remove

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Effective	date, if other than the date of filing:
Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
documen	's effective date on the Department of State's records.
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ia is ilica	1
Dated	AUGUST 9 , 2022
Daleu	, 4
	Patrick A Revelle
	Signature of a member or authorized representative of a member
	Patrick Knowles, Manager

Filing Fee: \$25.00

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 8/9/2022

ENTITY NAME: YACHT LIFE VODKA, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated