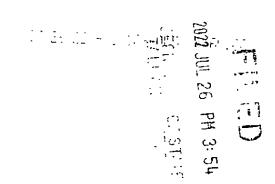
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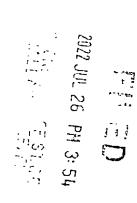
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Certified Copies	Certificates	of Status
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Special Instructions to Filir	ng Officer:	

Office Use Only



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OCT 2 U 2022

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nancy McKenney		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Whiskey Pop LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	350 SW 34th Street, Suite	200	
		Address	
	Fort Lauderdale, FL 3331	5	
		City/State and Zip Code	
	krismckenney@mckenneya		
	E-mail address: (to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please c	all:	
Nancy McKenney		954 448-6266	
Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	

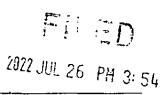
Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



WHISKEY POP LLC

(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	(A) 1	(SESTITE
The Articles of Organization for this Limited Liability Company	y were filed on 12/17/20		* -() ;
Florida document number L21000530464			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u>.</u> .
		 	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Willing Baaress Mill BE 11 Ogt VILLEE BVA			······································
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the nan</u>	ne of the new regist
agent and/or the new registered ornee address nere:			
Name of New Registered Agent:			
Name Devices and Office Address.			
New Registered Office Address:	Enter Florida str	eet address	
		Florida	
			Zip Code

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.

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>	<u>Name</u>	Address	Type of Action
AMBR	David W. Gillen Sr	350 SW 34th Street, Suite 200 Ft Lauderdale, FL	- · · · ·
			≣Remove
			□Change
			□Add
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			□Change
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ective date, if other (han the date of fil	lina:		(optio	nal)
n effective date is listed, th	e date must be specific in this block does no	and cannot be prior to of meet the applical	o date of filing or mo ble statutory filing	re than 90 days after f	iling.) Pursuant to 605.020 date will not be listed a
ecord specifies a delaye s filed.	I effective date, but	not an effective tin	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
		2022			
July 21 ted		-· 	r' /	1	
ted		1/2	M 4		
ted July 21		f a member of a uthor	nized representative of	of a member	