LAAOOOO30104

(Requestor's Name)
(6.11
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/#110ffe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



000409218350

05/26/23-+01007-+016 ++25.00

7\20\23 VW 2023 MAY 26 PH (::.,:

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Eclat Drinks LLC Name of Limited Liability Company	
Name of Elimited Elaonity Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Theophilus Freeman	
Firm/Company	
1310 Middle Street #302	
Ft. Lauderdale, FL 33312	
E-mail address: (to be used for-future annual report notification)	
For further information concerning this matter, please call:	
Theophilus Freeman at (954) 1098 - 10009 Name of Person at (954) Daytime Telephone Number	
Enclosed is a check for the following amount:	
Z\$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & Dy
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eclat Drinks Li			
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company we Florida document number 122000 30107	vere filed on 114 2022	_ and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbre	rviation "L.	.L.C."
Enter new principal offices address, if applicable:		1,4	
(Principal office address MUST BE A STREET ADDRESS)		23 liA	
		<u> </u>	
		96	
Enter new mailing address, if applicable:		Τ <u>ς</u>	,
(Mailing address MAY BE A POST OFFICE BOX)		· · ·	·*
	<u>-</u>	1	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name o	of the nev	<u>w registered</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	 	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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

Title	<u>Name</u>	Address	Type of Action
Man	Angela Coales	800 NW DIO Street	□Add
	, J	Miami Chardens, Fl 3314	69 ™Remove
			□Change
MGB	Down Ferguson	2921 Mayo Street	🗹 Add
	J	2921 Mayo Street Hollywood, FL 33020	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

-	
_	
-	
-	· · · · · · · · · · · · · · · · · · ·
_	
_	
-	
-	
_	
-	
-	
_	
-	
-	
_	
_	
ffect	ive date, if other than the date of filing: (optional)
an ef	ive date, if other than the date of filing:
ocun	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
l is fi	ed.
ated	May 19 2023
	ſ
	Signature of a member or authorized representative of a member Theophilus Freeman Typed or printed name of signee
	· ()

Filing Fee: \$25.00