L220000 453 25

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02/20/24--01014--027 **25.00

COVER LETTER

то:	Registration Sec Division of Corp			·	
CUD IE		ogy Bartending Services LLC	*		
SUBJEC	-1: <u> </u>	Name of Limi	ted Liability Company	-	
The encl	osed Articles of a	Amendment and fee(s) are sub	nitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Ashley Dussault			
			Name of Person		
		BBB Mixology Bartending	Services LLC		~
			Firm/Company		
		9654 Jasmine Brook Cir) 120
			Address		-
	Land O Lakes, Florida 34638				
			City/State and Zip Code	<u>.</u>	1
		bbbmixology8888@gmail.c		,,,, _ ,, _	1.
For furti	her information c	E-mail address: (oncerning this matter, please of	to be used for future annual report not all:	meation)	
	Dussault		727 902 - 6578		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	 .
Enclose	d is a check for th	he following amount:			
≣ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	Mailing Address Registration		Street Address: Registration Se	ection	
	Division of C	Corporations	Division of Co	rporations	
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 8	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
	were filed on 02/14/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
BBB Mixology & Event Services LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		70
Enter new mailing address, if applicable:		
The Articles of Organization for this Limited Liability Company were filed on L22000045325	<u> </u>	
	address on our records, ente	r the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	?55
		Torida
	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 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>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□Change
-			🗆 Add
			□Remove
			□Change
			□Change 73 Add 55 Colored
			⊕Remove
			Change
		1:	
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cument's effective date on the De	partment of State's records.		
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, February 14	2024	_	
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Ashley Dussai	ilt /	1/m	
		l representative of a member	

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e: If the date inserted in this block ument's effective date on the Department.	c does not meet the app	olicable statutory	filing requirements.	this date will	not be listed a
mient's effective date off the 19epa	atment of State 5 (ecol	us.			
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