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TALLAHASSEE, FLORIDA

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S. PRATHER

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor		•	
SUBJECT: Hull & Bay	Cocktail Company LLC	ited Liability Company	
	Name or Lim	ned thanning Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	Keith Crosby		
		Name of Person	
	West Coast Accounting &	Financial Services Inc	
		Firm/Company	
	8780 Seminole Blvd		
		Address	
	Seminole, Fl. 33772		_
		City/State and Zip Code	
	keith@westcoastaccounting	thorida.com to be used for future annual report noti	tienian)
For further information c	oncerning this matter, please e		(Reality)
The turner internation of	sincerning was maken, preuse e	••••	
Keith Crosby		at (_727) _275-1960	<u> </u>
Name o	f Person	Area Code Daytin	ae Telephone Number
Enclosed is a check for th	ne 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 Address		<u>Street Address:</u> Registration Se	ction
Registration S Division of C		Division of Co	
P.O. Box 632		The Centre of	<u>-</u>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hull & Bay Coctail Company LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L22000230170</u> .	ras it now appears on our records.) ability Company) For a signed assigned assigned assigned assigned assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Hull & Bay Cocktail Company LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Laure Francia Succession

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.

Cin

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
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