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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration : Division of Co			
	Beverage Company, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Kristin Amron		
		Name of Person	
	Barilliant Beverage Compa	any, LLC	
		Firm/Company	
	2919 NW 21st Terr		
		Address	
	Gainesville, Fl 32605		
		City/State and Zip Code	
	Kristinlamron@gmail.com		
	E-mail address' (	to be used for future annual report not	fication)
For further information	concerning this matter, please c	all;	
Kristin Amron		352 226-9696	
Name	of Person	at ()Area Code Daytim	ne 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	
Registration	Section Corporations	Registration Se Division of Cor	
P.O. Box 63	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barilliant Beverage Company, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 17th, 2023 and assigned Florida document number <u>1.23000031065</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida \_\_\_\_\_\_\_ 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kristin Amron	2919 NW 21st Terr	□Add
		Gainesville, FL 32605	□Remove
			= Change
			DAdd
			□Remove
			Change
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			□Remove
			□Change
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Tective date, if other than the of an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	ck does not meet the appli	leable statutory filing re	(optional) than <sup>9</sup> 0 days after filing.) equirements, this date v	Pursuant to 605.01 will not be listed
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after t
January 26th	2023			
ated	·	·		
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	Signature of a member or aud	horized representative of	a member	<del></del>

Filing Fee: \$25.00