# L 23000093313

Office Use Only



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### **COVER LETTER**

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TO: Registration Section

Division of Co	rporations			
MOR VOL	OKA LLC			
SUBJECT:	Name of Lin	nited 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:		
	Maxwell Tilka			
		Name of Person		
	Mor Vodka LLC			
		Firm/Company		~>
	1116 Hamlet Court			
	-	Address		
	Neptune Beach, FL 32266		, , .	2003 ASR 11 PM 1:00
		City/State and Zip Code	, <u>;                                    </u>	S
	tilkamax@gmail.com		·	: 00 ATE
		to be used for future annual report not	incation)	
For further information c	oncerning this matter, please c	all:		
Maxwell Tilka		904 860-6036 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 81	0

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOR VODKA LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our reco d Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Compar	y were filed on February 21, 20	23 and assigned
Florida document number 1.23000093313		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
MOAR VODKA LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LI	.C" or the abbreviation "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)		
3. If amending the registered agent and/or registered office	address on our records, ente	r the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
The state of the s	Enter Florida street addr	ess
	r.	lorida
		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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fective date, if other t	han the date of fil	ino.			(optional)		
n effective date is listed, the	e date must be specific a	ind cannot be prior	to date of filing or	more than 90 da	ys after filing.)	Pursuant	to 605.0
<u>ote:</u> If the date inserted is current's effective date				ing requiremen	nts, this date v	all not b	oe listec
record specifies a d	delayed effective	date, but no	t an effective	time, at 12	2:01 a.m. o	n the	earlier
The 90th day after (	the record is file	d.		,			
ned 4/5/20	93	<u> </u>	<u> </u>				
	Signature of	a member or autho	rized representati	ve of a mombae			