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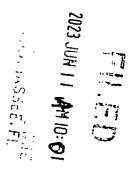
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### **COVER LETTER**

TO: Registration Division of C			
Tide Selt	zer Brands		
SUBJECT:	Name of Lin	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
	pondence concerning this matter		
	Ryan Waier		
		Name of Person	<del></del>
	Tide Seltzer Brands		
		Firm/Company	
	4260 14th Street NE		
	-	Address	
	Saint Petersburg, FL 3370	3	
		City/State and Zip Code	
	rpwaier@yahoo.com	to be used for future annual report n	otification)
For further information	n concerning this matter, please c		ouncationy
	r concerning this matter, prease e		
Ryan Waier	·	813 4686548 at ()	
Name	e of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr	ress:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tide Seltzer Brands		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our rec mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	npany were filed on March 22, 202	and assigned
lorida document number L23000146423		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
Fide Seltzer Brands LLC		
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "I	
Inter new principal offices address, if applicable:		2023
Principal office address MUST BE A STREET ADDRES	SS)	= = 17
		Je sere
		8
nter new mailing address, if applicable:		m; 5 17
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	my 0
3. If amending the registered agent and/or registered o gent and/or the new registered office address here:	ffice address on our records, <u>en</u> t	ter the name of the new registere
Name of New Registered Agent:	, <del></del>	
New Registered Office Address:		
	Enter Florida street add	dress
		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 Changing Registered Agent, Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tide Seltzer Brands		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on March 22, 2023	and assigned
lorida document number L23000146423		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ide Seltzer Brands LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		2023
Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		]-
nter new mailing address, if applicable:		
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Mailing address MAY BE A POST OFFICE BOX)		711
		<del></del>
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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:

MCD =	Manager
MOK -	Manager
AMRD -	Authorized Member
WIATIDAY -	- Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00