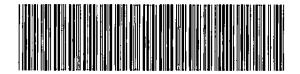
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

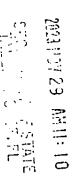
Office Use Only



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COVER LETTER

	Registration Se Division of Cor					
		vith a twist, LLC				
SUBJECT	Г:	Name of Limi	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retu	um all correspo	ndence concerning this matter	to the following:			
		Lynn Narcisse				
			Name of Person			
		Mixology with a twist				
			Firm/Company			
		3800 inverrary blvd ste 10				
		Lauderhill, FL 33319				
			City/State and Zip Code			
		mixology.twist@gmail.com				
		E-mail address: (to be used for future annual report	notification)		
For furthe	er information c	oncerning this matter, please co	all:			
Lynn Nar	rcisse		561 962-5836 at ()			
	Name o	f Person	Area Code Day	ytime Telephone Number	PERSON OF	* 3
Enclosed	is a check for the	he following amount:			23	
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee, Ee of Status & Copy Copy is Enclosed)	E) C

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Mixology with a twist, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 5/15/2023	and assign	ied
Florida document number L23000237352			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C	
Enter new principal offices address, if applicable:			<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)		<u>. </u>	
			
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 nam	e of the new r	egistere:
agent and/or the new registered office address here:	address on our records, enter the nan-	262	
			-72
Name of New Registered Agent:		- <u> </u>	7 TAI
New Registered Office Address:		· ω	1
Trem Regional Sylver I da dec	Enter Florida street address	i i i i i i i i i i i i i i i i i i i	1
	, Florida	<u> </u>	
	City	71p Cod€	Q_{L}^{*}

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>	<u>Address</u>	Type of Action
MGR	Ernstlande Destine	181 island way, Greenacres, FL 33413	
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			□Change
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