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Y. SCOTT OCT - 7 2023

COVER LETTER

TO: Registration Se Division of Cor			•	
Flask It Up,	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Christopher Crowell			
		Name of Person		
	Flask R Up, LLC			
		Firm/Company		
	1506 Cranston St.			DIVISION O
		Address	· · · · · · · · · · · · · · · · · · ·	- XF %
	Winter Springs, FL 32708			25 25
		City/State and Zip Code		Corporation 5 PH 3: 04
	chris@flaskitup.com			3: 04
	E-mail address: (to be used for future annual report not	fication)	F ×
For further information co	oncerning this matter, please c	all:		
Christopher Crowell		520 404-9438 at ()		
Name o	f Person		ne Telephone Number	_
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee # 49,25	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & oy
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Co	rporations	
P.O. Box 632		The Centre of T	Fallahassee oc Street, Suite 810	
Tallahassee, l	こに コイス しサ	Z415 IN. MOULO	e succi, suite ort	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flask It Up, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I	Liability Company	were filed on June 15, 2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liah	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE			SECR 1V1S103 1023 SE
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	N/A	FILED STATE OF STATE OF CORPORATIONS P 25 PN 3: 04
B. If amending the registered agent and/or agent and/or the new registered office address.	-	address on our records, enter the	e name of the new regist
Name of New Registered Agent:	N/A	<u> </u>	
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Flori	
		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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christopher Crowell	1506 Cranston St.	
	(Winter Springs, FL 32708	□Remove
			Change
			□Add
			Remove
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			P 25 DRAWE
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rd specifies a delayed effective date, but not an effective time, at 12:01 iled.	a.m. on the earner of. (b) The 90th day and
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September 22	· · · · · · · · · · · · · · · · · · ·
Signature of a member or authorized represe	and a factor of a second base

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Filing Fee: \$25.00