L23000313419

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corp | | | | |
|----------------------------|---|---|-----------------------|--|
| suвјест: Chinky | Punchy LLC Name of Limit | ed Liability Company | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | r to the following: | | |
| | | Kai Selvon | | |
| | | Name of Person | | |
| | | Chinkypunchy | | |
| | | Firm/Company | | |
| | 11255 W Atlantic Blvd, Apt 202 | | | |
| | | Address | | |
| | Co | oral Springs, 3307 | 1 | |
| | | City/State and Zip Code | | |
| | | aifselvon@gmail.d | | |
| | E-mail address: (t | o be used for future annua | (report notification) | |
| For further information co | ncerning this matter, please c | all: | | |
| Kai Se | elvon | at (334) | 552-2762 | |
| Name of | Person | Area Code | Daytime Telephon | e Number |
| Enclosed is a check for th | e following amount: | | | |
| □\$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | C \$55.00 Filing Fee Certified Copy (additional copy is end | | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy isenclosed) |

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

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| ChinkyPunchy (Name of the Limited Liability Compar (A Florida Limited L | | TALLAHASSEE, FLORIDA |
|--|---|--------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000373419</u> | were filed on08/09/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A.If amending name, enter the new name of the limited lia here: SwiftySips LLC | bility company ———————————————————————————————————— | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | Mobile Juice Truck | |
| (Principal office address MUST BE A STREET ADDRESS) | 11255 west Atlantic Blvd , Apt 202, Coral Springs, FL.33071 | |
| Enter new mailing address, if applicable: | 11255 west Atlantic Blvd | , Apt 202, Coral Springs. |
| (Mailing address MAY BE A POST OFFICE BOX) | FI.33 | 3071 |
| B.If amending the registered agent and/or registered office agent and/or the new registered office address here: | e address on our records, e <u>nter</u> N/A | the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florid | |
| | City | Zıp 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 | N/A |
|--------------------------|---------|
| AMBR = Authorized Member | . 4,, . |

| Title | <u>Nam</u> e | Address | T <u>ype of Actio</u> n |
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| D.If amendi | ng any other information, enter change(s) he | ere: (Attach additional sheets, if necessary.) | N/A |
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| (If an effecti <u>Note:</u> If th | date, if other than the date of filing: we date is listed, the date must be specific and cannot be ne date inserted in this block does not meet the app t's effective date on the Department of State's recor | optional) prior to date of filing or more than 90 days after filing.) Pulicable statutory filing requirements, this date will nords. | rsuant to 605.0207 (3)(b) t be listed as the |
| If the record s record is filed. | | e time, at 12:01 a.m. on the earlier of: (b) The 90th d | ay after the |
| Dated | 06/12/2024 | · | |
| | Signature of a member or au | thorized representative of a member | |
| | Kai Selvon | nted name of signee | |

Filing Fee: \$25.00