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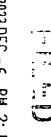
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

	HOLDINGS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please return all correspo	indence concerning this matter	to the following:			
	GARETH DUNNING				
		Name of Person			
		Firm/Company			2023
		Address	***	L. MANGETT	2023 DEC -6
				.7325	PH
	gareth@celticfrozendrinks.c	City/State and Zip Code co.uk to be used for future annual report not	itication)	_15	2: 20
For further information e	oncerning this matter, please c		memon,		
Giovanna Pastrana		305 209-7961			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fi Certificat Certified (additional	te of State Copy	
Mailing Addres Registration		Street Address: Registration Sc	ection		
Division of C	Corporations	Division of Co	rporations		
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DUNNING HOLDINGS LLC	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now <u>appears on our records.)</u> hability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/06/2023 and assigned
Florida document number 1.23000503523	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7073
	6
Enter new mailing address, if applicable:	03. <b>D</b>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	F1 20
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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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an effective date is listed, the date mus	t be specific an	id cannot be pri	or to date of filir	ig of more than 9	0 days after tilir	ng.) Pursuant to	o 605,02 - Gered
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Filing Fee: \$25.00