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COVER LETTER

Division of Corporations
SUBJECT: Six-Figure Spirit LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lydia Michalitsianos Name of Person
Six-Figure Spirit LLC Firm/Company
2738 Roosevelt BIVD Apt 214
Cleanwater, FL 33760 City/State and Zip Code Udia @ Sixfigure Spirit, con Elmail address: (to be used for fature annual report notification)
Email address: (to be used for fisture annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Jdic Micha 18 on S at 703 901 - 3490 This was a few of Person Area Code Daytime Telephone Number This was a few of Person This was a
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate o
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Six-Figure Spir	it LLC	
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compa	any were filed on	3/11/2024 and assigned
Florida document number <u>L2000120443</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		S 2021
Enter new mailing address, if applicable:		28 音 型
(Mailing address MAY BE A POST OFFICE BOX)		25 - 17
B. If amending the registered agent and/or registered offi	ice address on our red	cords, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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
CEO AMBR	LYDIA MICHALITSIANOS	2738 Roosevel+ Blud, Apt 2 Clearwater, FL 33760	L'Ando
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an effective date is listed, the date must be specific and ote: If the date inserted in this block does not m				
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record specifies a delayed effective date, but not	an effective time, at 12:0	I a.m. on the earli	er of: (b) The	90th day after the
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	Typed or printed name of	signee		

Filing Fee: \$25.00