PUE 000017384

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Ďo	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Down T Liquor In	c.	
	BER: PO8000017384		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Gopi naik		
		Name of Contact Person	n
	Down T Liquor Inc :dba: Fir	st Street Liquor	
		Firm/ Company	
	2023 Altamont Av- Suite # F	3-107	B-107
		Address	
	Fort Myers Florida 33901		
		City/ State and Zip Cod	e
	flimcity@aim.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:9416260239) ,
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Down T Liquor INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
PO8000017384	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	. 20
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	. 0
). If amonding the registered agent and/or assistant 4/2-	A
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres 	aress in Florida, enter the name of the
	
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
0	
Signature of New R	Revistered Avent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Joh</u>	ın Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Şal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Advisor	Chandrajeet Naik	
X Add			7570 Sika Deer Way Fort myers fl
Remove			339114
2) Change			
Add			-
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			 -
Remove			
6) Change			
Add			
Remove			

	i <mark>ng or adding additi</mark> ditional sheets, if neo	cessary). (Be	specific)			
						
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fan uma	ndment provides fo	e on avahanca	ranlassi@aasta			
provisio:	is for implementing	the amendme	nt if not contai	ned in the amen	n or issued snare idment itself:	<u>:s.</u>
(if no	ot applicable, indicati	e N/A)				
						
		·····			<u>.</u>	
						
			<u></u> _			
						

. . .

August 06 2020
The date of each amendment(s) adoption:, if other that
date this document was signed.
August 06 2020
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
Dated
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Gopi Naik
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)