

P19 000027923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

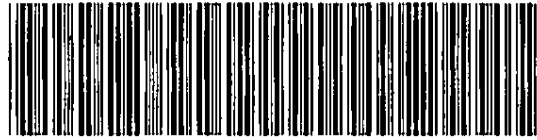
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SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP - 8 AM 9:28

FILED

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC'D

SEP -8 PM 4:58

August 25, 2021

MARTA GARCIA
175 SW 7TH ST SUITE 1712
MIAMI, FL 33130

SUBJECT: LIQ USA INC.
Ref. Number: P19000027923

We have received your document for LIQ USA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 821A00020436

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIQ USA, INC

DOCUMENT NUMBER: PI900027923

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTA GARCIA
Name of Contact Person
RC LAW LLP
Firm/ Company
175 SW 7TH ST SUITE 1712
Address
MIAMI, FL 33130
City/ State and Zip Code
MARTA.GARCIA@RCLAWLLP.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTA GARCIA at (786) 598-8008
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

LIQ USA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000027923

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

SKJ&T CERTIFIED PUBLIC ACCOUNTANTS & Consultants

5805 BLUE LAGOON DRIVE SUITE 145

MIAMI, FL 33126

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(c), F.S.

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2021 SEP - 8 AM 9:28
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and 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 = Chief 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 is 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 Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>SALVADOR RUGGERI</u>	<u>AV CORDOBA 996 PISO 7</u>
<input type="checkbox"/> Add			<u>C1054AAV BS AS ARGENTINA.</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>AS</u>	<u>MARTA GARCIA</u>	<u>175 SW 7TH ST - SUTE 1712</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33130</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>CFO</u>	<u>ROSS HUBLER</u>	<u>407 Mason Creek Dr</u>
<input checked="" type="checkbox"/> Add			<u>Lake St. Louis, MO 63367</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>CEO</u>	<u>GEORGE COLLINGS</u>	<u>1086 Pebble Beach Dr</u>
<input checked="" type="checkbox"/> Add			<u>O'Fallon, MO 63366</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>DIEGO ANDRES GRANDA</u>	<u>Fernandez de la Hoz 56,</u>
<input type="checkbox"/> Add			<u>segundo izquierda</u>
<input type="checkbox"/> Remove			<u>28010, Madrid, Spain</u>
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 as the 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 cast 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 cast for the amendment(s) was/were sufficient for approval

by _____,"
(voting group)

7/22/2021
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)

MARTA GARCIA

(Typed or printed name of person signing)

ASSISTANT SECRETARY

(Title of person signing)