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COVER LETTER

TO:	Registration So Division of Cor		•		
CHIDIE		ADES MOONSHINE L.L.C.			
SUBJE	C1;	Name of Lin	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		JOSE J. CALDERON			
			Name of Person		
		EVERGLADES MOONS	HINE L.L.C.		
			Firm/Company		
		4281 68TH AVE NE			
			Address		
		NAPLES, FLORIDA 34	120		ي نزر
			City/State and Zip Code		(5)
		javier1129@hotmail.com			
		E-mail address: (to be used for future annual report notifi	cation)	1
For furtl	her information c	oncerning this matter, please c	all:		
JOSE J.	CALDERON		937 212-8862 at ()		1 E. 15: 5.
	Name o	f Person	Area Code Daytime	Telephone Number	= - <u>-</u> e5 [€]
Enclosed	d is a check for th	ne 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 Filing For Certificate of S Certified Copy (additional copy is	tatus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVERGLADES MOONSHINE LLC		البية (ال ــــــــــــــــــــــــــــــــــ	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) lability Company)	and assigned	
The Articles of Organization for this Limited Liability Company of Florida document number L15000127493	were filed on 27 JULY 2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
EVERGLADES DISTILLERS LLC	at 1 C" or the ab	obreviation "L.C."	
EVERGLADES DISTILLERS LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LICE" of the at	meriation 1	
Enter new principal offices address, if applicable:	160 Airpark Blvd		
(Principal office address MUST BE A STREET ADDRESS)	Unit 104		
(Principal office address MUST BE A STREET ADDRESS)	Immokalee, FL 34142		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida _	Zip 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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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