474762

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DISC	OUNT LIQU	ORLAND, INC.				
DOCUMENT NUMBER: 474762						
The enclosed Articles of Amendment	and fee are sub	omitted for filing.				
Please return all correspondence conce	rning this mat	ter to the following:				
DAVID W. HA	NNIGAN					
		Name of Contact Persor	1			
DISCOUNT LI	DISCOUNT LIQUORLAND LLC					
		Firm/ Company				
1905 MONTM	ARTE DR	,				
 		Address	·			
JACKSONVIL.	LE FL 32210					
		City/ State and Zip Code	9			
davidmontmarte1@gr	nail.com					
E-mail add	ress: (to be use	ed for future annual report	notification)			
For further information concerning this	matter, please	e call:				
DAVID W. HANNGIAN		904 at (554-9677			
Name of Contact Person		at (904) 554-9677 Area Code & Daytime Telephone Number				
Enclosed is a check for the following a	mount made p	ayable to the Florida Depa	rtment of State:			
■ \$35 Filing Fee □\$43.75 F Certificat	iling Fee & e 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)			
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Amend Divisio Clifton	Address ment Section of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301





Articles of Amendment to Articles of Incorporation of

DISCOUNT LIQUORLAND, INC.

(Name o	of Corporation as currently	filed with the Florida Dept. of State)	
474762			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
DISCOUNT LIQUOR LAND INC.		The new	
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		DISCOUNT LIQUOR LAND INC.	
		931 KING STREET	
		JACKSONVILLE, FL 32204	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DISCOUNT LIQUOR LAND INC.	
		931 KING STREET	
		JACKSONVILLE, FL 32204	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	DAVID W. HANNIGAN		
Nume of New Registered Agent	1905 MONTMARTE DR		
	(Florida str	eet address)	
New Registered Office Address:	JACKSONVILLE	, Florida 32210	
		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		vith and accept the obligations of the position.	
Dari	d Horrie on Signature of New R	egistered Agent, if changing	

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: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	DAVID W. HANNIGAN	1905 MONTMARTE DR		
X Add			JACKSONVILLE, FL 32210		
Remove					
2) Change	P	JAMES M. WOOD	3836 VALENCIA RD.		
Add			JACKSONVILLE, FL 32205		
X Remove					
3) Change	VP	ARTHUR L. EISEN	9645 BOXMEADOWS RD #649		
Add		,	JACKSONVILLE, FL		
X Remove					
4) Change	S/T	DAVID R. PERREAULT	3836 VALENCIA RD.		
Add			JACKSONVILLE, FL		
X Remove					
5) Change					
Add					
Remove					
6) Change					
Add			 		
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·

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 vidocument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
04/03/2018 Dated	
Signature David W Harregan	
(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)	
DAVID W. HANNIGAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	