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## COVER LETTER

**TO:** Amendment Section 'Division of Corporations

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NAME OF CORPORATIO	SPIRITS AFLAME, I			
DOCUMENT NUMBER:	724698			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
KATHRYN DINKINS				
	(	Name of Contact Pe	rson)	
		(Firm/ Company	)	
8331 SE 16TH TERRACE				
		(Address)		
OCALA, FL 34480				
	(	City/ State and Zip (	Code)	
E	-mail address: (to be used	for future annual rep	ort notification	)
For further information conc	erning this matter, please c	eall:		
KATHRYN DINKINS		at	352	843-0904
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & C Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif s Certif	O Filing Fee icate of Status ied Copy tional Copy is used)
Mailing A	ddress	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 16 HAR 24 PM 3: 16

SPIRITS AFLAME, INC

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

(Name of Corporation as curren	tly filed with the Florida	a Dept. of State) (1913年 日告社)
724698		
(Document Numb	er of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	<u>on:</u>	
N	IA	The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated" (	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		iter the name of the
Name of New Registered Agent:	NIA	
New Registered Office Address:	(Flora	da street address)
	ula	
<del></del>	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		e obligations of the position.
	NA ionature of New Parister	od Agant, 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 X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	S/T	BOB WINES	2610 SE 38TH STREET
Add	<del></del>		OCALA, FL 34480
Remove			
2) X Change	VP	DAVID TOLER	2595 SE 48TH STREET
Add			OCALA, FL 34480
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change		A Albert Co. T.	
Add			
Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
NIA	
	·
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
MARCH 22, 2016 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 document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
MARCH 22, 2016 Dated	
Signature Kathyn A Dinduis	
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
KATHRYN DINKINS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	