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(Re	questor's Name)	
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SECRETARY OF STATE

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Blue Head	Fequila LLC		
SOBJEC	· •	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Jesse Lee Carrigan		
			Name of Person	
		Blue Head Tequila LLC		
		**************************************	Firm/Company	
		2904 Pointer Place		
			Address	
		Seffner, Florida 33584		
			City/State and Zip Code	<u> </u>
		jesse@donmexicobrands.co	m to be used for future annual report notifi	ication)
For furthe	er information co	oncerning this matter, please ca		Carony
Jesse Lee	e Carrigan		813 545.8193	
	Name of	Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2017 MAY = 4 PM 3: 43

SECRETARY OF STATE

ALLAHASSEE, FLORIDA

and assigned

Blue Head Tequila, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 17, 2005 Florida document number L05000111131 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Don Mexico Brands, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida _ City 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 = M AMBR = A	lanager uthorized Member		FIL		
<u>Title</u>	<u>Name</u>	Address	2017 MAY -4 SECRETARY OF	PH 3: 43	Type of Action
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	Judge E	<u></u>					
	Signature	of a member	or authorized	representative	of a member		
Jesse 1	Lee Carrigan						
		Typed	or printed nar	ne of signee			

Page 3 of 3

Filing Fee: \$25.00