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COVER LETTER

TO: Registration of	on Section Corporations	r · · · · · · · · · · · · · · · · · · ·	
	Northinks Lie	uses IIC	•
SUBJECT:	Northister Lig Name of Limi	ted Liability Company	
	es of Amendment and fec(s) are sub-		
	Aziz	Premji Name of Person	
	Northst	er Liques LL (
	<u>7325 +</u>	lartie St Address	
	Orlando	FL 32819 City/State and Zip Code	
	E-mail address: (1	786 @ gmail.c	ort notification)
For further informat	ion concerning this matter, please ca	all:	
Salin	Premji ame of Person	at (732_) 7	54-555 & Daytime Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing F S25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ddress: ion Section	Street Addr Registration	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 FEB-9 AM 3:21

NORTHSTAR LIQUORS LLC

(Name of the Limited Liability Company as it now appears on our records, 1/(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "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 a agent and/or the new registered office address here:	address on our records	s, enter the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida stre	et address
		, Florida
·	City	, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MR	Name AZIZ PREMJI MRD	<u>Address</u> 7325 HARLIE ST. ORLANDO FL 32819	Type of Action
	AZIZ PREMJI MBR		
			□Remove
			□Change
			□Add
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Note:	date, if other than the date of filing:
the record	becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2022
Dated_	·
	Signature of a member or authorized representative of a member

Typed or printed name of signee