Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000149664 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (850) 205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHERN WINE & SPIRITS OF MINNESOTA, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Southern W	Vine & Spirits of Minnesota	LLC		
		ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Daniel Connelly			
		Name of Person		
	Hogan Lovells US LLP			
		Firm/Company		•
	100 International Drive,			
		Address		
	Baltimore, MD 21202			
		City/State and Zip Code		
	daniel.connelly@hoganlo	ovells.com to be used for future annual re	noit notification)	
For further information cor	neerning this matter, please ec		,	
Daniel Connelly		ut (410) 659	-5073	
Name of I	'erson	Area Code	Daytime Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

在各种的特别的,这种是一种的特别的,但是一种的特别的特别的,这种的特别的,也是一种的特别的,也是一种的一种,也可以不是一种,也可以不是一种的一种,在

Tallahassee, FL 32314

STREET/COURTER ADDRESS:

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

6/20/2016 10:04:37 AM From: To: 8506176383(3/5)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Southern Wine & Spirits of Minnesota, LLC

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

The Articles of Organization for this Limited Liability	Company were filed on 04/23/2010	and assigned
Florida document number L10000043684	·	<u> </u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	•
Southern Glazer's Wine and Spirits of Minnesota, LLC The new name must be distinguishable and contain the words "Lin		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, tress here:	enter the name of the nev
Name of New Registered Agent:	····	ration to the same of the same
New Registered Office Address:		
	Enter Florida street address	
who continued to the co	, Flori	daZip Code
N Verte 14 de la companya de la c	CIIV	гір Соав

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

6/20/2016 10:04:37 AM From: To: 8506176383(4/5)

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 Title Title Name Address **Type of Action** □ Aud □ Remove □ Change _□ Add □ Remove SSE Remog Hochange 2 □ Add □ Remove ☐ Change □ Add □ Remove

Change

_□ Add

□ Remove

☐ Change

6/20/2016 10:04:37 AM From: To: 8506176383(5/5)

	24 - 4
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	<u> </u>
(If an e	tive date, if other than the date of filing: July 1, 2016 (optional) frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Tue 16 , 2016 .
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00