L12000128782

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		iquor Store LLC		
., 6 15.11.	<u> </u>	Name of Lim	ted Liability Company	
The enc	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please t	return all correspo	ndence concerning this matter	to the following:	
		David Cruz		
			Name of Person	
		DC Accounting Services, F	PA	
			Firm/Company	
		24156 State Road, 54, Suit	e I	
		-	Address	
		Lutz, FL 33559		
			City/State and Zip Code	
		deruz@deaccountingpa.con		
		E-mail address: (to be used for future annual report notil	fication)
For fur	ther information c	oncerning this matter, please co	all:	
David	Cruz		813 345-8503	
	Name o	f Person	at ()	e Telephone Number
Enclose	ed is a check for th	he following amount:		
	5,00 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

Mercedes Liquor Store LLC

(Name of the Lim	ited Liability Company as i (A Florida Limited Liabilit	it now appears on our records.) y Company)	<u>_</u>
The Articles of Organization for this Limited I Florida document number 1.12000128782	Liability Company were	filed on October 9, 2012	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability c	company here:	
he new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			
			37.
B. If amending the registered agent and registered agent and/or the new registered of		address on our records, <u>en</u>	ter the name of the
Name of New Registered Agent:	Yusniel Hernandez		<u> </u>
New Registered Office Address:	6201 N Coolidge Ave	enue	
		Enter Florida street address	े । जून- - ::-: un
	Tampa	Florids	33614

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.

City

Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
MGR	Yusniel Hernandez	6201 N Collidge Avenue	
		Tampa, FL 33614	□ Remove
			Change
MGR	Mercedes Corrales	6201 N Collidge Avenue	
		Tampa, FL 33614	Remove
			Change
			Remove
			Change
			☐ Remove
			☐ Change
			DbA □
			Remove
			Change
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			Change

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Filing Fee: \$25.00