L13000062186

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COVER LETTER

TO:

Registration Section
Division of Corporations

One Hundred Proof Club, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pierre Hachar, Jr., Esq.

Name of Person

The Hachar Law Firm, P.A.

Firm/Company

8100 Oak Lane, Suite 401

Address

Miami Lakes FL 33016

City/State and Zip Code

phachar@mialaws.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pierre Hachar Jr., Esq.

_{...}305 **200-1308**

Name of Person

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 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

One Hundred Proof Club, L	.LC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our re ida Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Florida document number L13000062186				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
Hundred Proof Club, LLC				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	5 · · · · · · · · · · · · · · · · · · ·		
		D. 3 (7)		
		9		
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our record address here:	ds, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u> </u>	, 1	Florida		
	City	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			Add
			Remove
			Add Remove
			Add
			Remove
			Add
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). If ame	nding any other information, enter change(s) here: (Allach additional sheets, if necessary.)
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ated	
/ateu	Mush
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Pierre Hachar, Jr, Esq.
	Typed or printed name of signee

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Filing Fee: \$25.00

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