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Registration Section

TO:

Div	ision of Cor	porations			
(11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	LIQUOR MANAGEMENT, LLC				
SUBJECT:		Name of Limited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		NICOLAS A. VILA. ESQ.			
			Name of Person	<u></u>	
	RODON ALVAREZ LAW, PLLC				
	Firm/Company				
	201 ALHAMBRA CIRCLE, SUITE 504				
	Address				
	CORAL GABLES, FL 33134				
		JALVAREZ@SRALAW.C	City/State and Zip Code COM to be used for future annual report not		
For further it	nformation c	oncerning this matter, please c		mication)	
NICOLAS /			305 445-8881		
Name of Person		at () Area Code Daytir	ne Telephone Number		
Enclosed is a	check for th	ne following amount:			
■ \$25.001	iling 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		Street Address: Registration Section			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LIQUOR MANAGEMENT, LLC						
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{09/04/2014}{}$ and assignorida document number $\frac{L14000138616}{}$						
his amendment is submitted to amend the follow	ring:					
A. If amending name, <u>enter the new name of t</u> l	ne limited liab	ility company here:				
he new name must be distinguishable and contain the word	ds "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."			
Inter new principal offices address, if applicab		780 NW 42nd Avenue	202			
Principal office address MUST BE A STREET.	Suite 618	TA				
The tipal office data ess prost bl. A STREET ADDRESSY		Miami, FL 33126	FILL OCT 3			
Enter new mailing address, if applicable:	780 NW 42nd Avenue Suite 618	SEEL FLOR				
Mailing address MAY BE A POST OFFICE BO	Mailing address MAY BE A POST OFFICE BOX)					
. If amending the registered agent and/or reg gent and/or the new registered office address Name of New Registered Agent:	here:	address on our records, g	enter the name of the new reg			
201 ALU		RA CIRCLE, SUITE 504				
New Registered Office Address:		Enter Florida street	address			
	CORAL GABI	ÆS	Florida			
		City	Zip Code			

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 = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAVIER MACEDO	780 NW 42nd Avenue	
		Suite 618	□Remove
		Miami, FL 33126	
			\ \ \ \ \
			□Remove
			Change
			Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated OCTOBER 25 2024 Signature of a member or authorized representative of a member NICOLAS A. VILA, ESQ, AUTHORIZED REPRESENTATIVE

E:: E 635.04

Typed or printed name of signee