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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carrigan Spirit and Wine Group 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:
Shane Carrigen Name of Person
Good Stuff Beverage LLC Firm/Company
2806 Wedge word Dr Address
Plant City, FL 33566 City/State and Zip Code Shane. Carrigan Q yahro. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shane Carrigan at (813) 394. Move 7593 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee

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

Carriagn 5	Spirit and Wine Group LLC
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	pility Company were filed on August 28th 2015 and assigned
Florida document number	<u>/ 7</u> .
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
Good Stuff Bever	1904 LLC
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	ce address here:
Name of Nam Desigtant & Ament	VO V
Name of New Registered Agent:	Sign of the state
New Registered Office Address:	Enter Florida street address
	OR 2:
	, Florida

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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effective date is listed, the date must be sp	ecific and canr	ot be prior to	date of filing or	more than 90 days	after filing.) Purs		
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record specifies a delayed effective 90th day after the record is ted November (Signa Shane (/th.,,	oer or authoriz	ed representativ	ve of a member			

Page 3 of 3

Filing Fee: \$25.00