Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone : (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 NEBRASKA, LLC

Certificate of Status	1
Certified Copy	1
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JUN 2 3 2016

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Corporate Filing Menu

Y SULKER Help

COVER LETTER

TO: Registration S Division of Co	Section orporations		
SUBJECT: Southern	Wine & Spirits of Nebraska	LLC	
		mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
•	Daniel Connelly	Name of Person	
		Name of Person	
	Hogan Lovelis US LLP		
		Firm/Company	······································
	100 International Drive.	Suite 2000	
		Address	
	Baltimore, MD 21202		
		City/State and Zip Code	
	daniel.connelly@hoganic	ovells.com	
•	tmail address:	(to be used for future annual report notif	ication)
For further information of	concerning this matter, please o	all:	
Daniel Connelly		at (410) 659-5073	
Name o	f Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Southern Wine & Spirits of Nebraska,	LLC					
(Name of the Limited Lin (A Flo	bility Company a rida Limited Liabi	it now appears lity Company)	on our records.)			
The Articles of Organization for this Limited Liability	y Company we	re filed on 05/1	8/2016	and a	ssigned	d
Florida document number L16000093444		٠				
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the l	imited liability	company her	<u>e</u> :			
Southern Glazer's Wine and Spirits of Nebraska, LL	.c					
The new name must be distinguishable and contain the words "		ompany," the des	ignation "LLC" or t	ne abbreviation "	L.L.C."	
Enter new principal offices address, if applicable:	_					
(Principal office address MUST BE A STREET AD	DRESS)			i-	<u> </u>	
				32- 22	<u></u>	
	_			3.5	7.12	
				SS	22	,,,,,,,,,,,
Enter new mailing address, if applicable:	_			<u></u>	<u></u>	412
(Mailing address MAY BE A POST OFFICE BOX)	_				==	1 ×
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				<u> </u>	. Ga."	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office ddress here:	address on o	our records, <u>en</u>	ter the name	<u>e or ta</u>	<u>ie nev</u>
TORINGTON MENTAL OF THE HEAVY IN THE MENTAL OF THE MENTAL	dal too little					
Notes apply Design of Arma						
Name of New Registered Agent:						
New Registered Office Address:			 			
		Enter Florid	la street address			
			, Florida			
		City		Zip Code	ŗ	
New Registered Agent's Signature, if changing Register	red 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

or remov	ling A ved fr	Authorized Person(s) authorized of our records:	to man	age, <u>enter the title, name, an</u>	d address of each person being ad	<u>ded</u>
MGR = AMBR =	Mat - Aut	nager horized Member				
<u>Title</u>		Name		Address	Type of Action	
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Note: If the date i	inserted in this block	te of filing: July 1, 20 specific and cannot be prio does not meet the applitment of State's records	cable statutory fili	(option of the contract of the	onal) filing.) Pursuant to 60 date will not be lis	05.0207 (
he record speci The 90th day	ifies a delayed eff rafter the record	fective date, but no is filed.	ot an effective	time, at 12:01 a	.m. on the earl	ler of:
Dated Ime	(6	, 2016				
	40.	nature of a member or auth	orized representativ	e of a member		
						

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Filing Fee: \$25.00