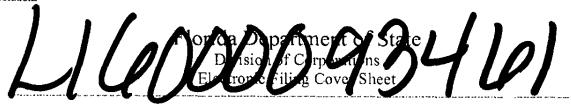
6/20/2016 10:02:55 AM From: To: 8506176383(1/5)



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000149662 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
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 MINNESOTA HOLDINGS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu

Help JUN 21 2013).BRUCE

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Southern V	Vine & Spirits of Minnesota			
	Name of Lim	ited Liability Company		
	•	•		
The enclosed Articles of a	Amondment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Daniel Connelly		<u> </u>	
		Name of Person		
	Hogan Lovells US LLP			
		Firm/Company		
	100 International Drive,	Suite 2000		
	TOO THOUSAND DITTO	Address		
	Baltimore, MD 21202			
	Dailitible, MD 21202	City/State and Zip Code	7	
	d	•	ation) (S)	and the same of th
	daniel.connelly@hoganic	to be used for future annual report notific	ation)	(************************************
		·	20 254 254 254 254	
For further information of	oncerning this matter, please co	ali:		1 1
Daniel Connelly		at (410) 659-5073		· -
Name of	Person		l'elephone Number	
			ت. ري م	
Enclosed is a check for th	e following amount:			
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (admitional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl-	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314

条件的,这一个时间,这种情况是一个时间,他们们是一个时间,他们们是一个时间,这种时间,他们们是一个时间,这种是一个时间,这种一个一个一个一个一个一个一个一个一个

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 Minnesota Holdings, LLC			
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)		
The Articles of Organization for this Limited Liability Company were filed	ity Company were filed on 05/18/2016 and assigned		
Florida document number L16000093461			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	any here:		
Southern Glazer's Wine and Spirits of Minnesota Holdings, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company			
Enter new principal offices address, if applicable:	7. 21		
(Principal office address MUST BE A STREET ADDRESS)	2 11		
Automotive of the Control of the Con			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
	5 S		
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter the name of the new</u>		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
	, 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 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

Title	Name	Address	Type of Action
			Add
			Pemove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
		TALLAHASSEE, F	Change Add
***************************************		FLORDA	Change
			Remove
			Change
			🗆 Add
			_□ Remove
			Change

6/20/2016 10:02:55 AM From: To: 8506176383(5/5)

D. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)		
				
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-			 _	
<u>Note:</u> II documer	date, if other than the date of filing: July 1, 2016 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	e will not be	e listed as the	1)
If the reco (b) The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the e	arlier of:	
Dated _	Tune (6 , 2016 .	ALL	2815	*
	Signature of a member or authorized representative of a member	经		
	Lee F. Hager, Executive Vice President		20	
	Typed or printed name of signee	F 000	۾ ح	7
	Page 3 of 3	DF.	05	

Filing Fee: \$25.00