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.

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To:	Division of Corporations Fax Number : (850)617-6383	\(\frac{55}{2}\)	23
<b>**</b>	: (030) 017-0303		PH
From:	Account Name : C T CORPORATION SYSTEM	M E	بب
	Account Number : FCA000000023 Phone : (850)205-8842	<u>Ş</u>	2
	Fax Number : (850)878-5368		
	AND OFFICE A STOCK OF A SALE OF A SA	HETASSEE OF	
LLC AM SOUTHE	IND/RESTATE/CORRECT OR M/MG RI RN WINE & SPIRITS OF WEST VIRGIN	ESIGN TO	JR 23 ABII:
SOUTHER	IND/RESTATE/CORRECT OR M/MG RI	ESIGN TO	JR 23 AN II: 13
SOUTHER	IND/RESTATE/CORRECT OR M/MG RIRN WINE & SPIRITS OF WEST VIRGIN  Certificate of Status 1  Certified Copy 1	ESIGN FISH	
SOUTHE	IND/RESTATE/CORRECT OR M/MG RI RN WINE & SPIRITS OF WEST VIRGIN Certificate of Status 1	ESIGN FISH	

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	CT: Southern	Wine & Spirits of West Virgi		
		. Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence,concerning this matter	to the following:	
		Daniel Connelly		
			Name of Person	
		Hogan Lovells US LLP		
			Firm/Company	
		100 International Drive,	Suite 2000	
			Address	
		Baltimore, MD 21202		
		,	City/State and Zip Code	
		daniel.connelly@hoganic	ovells.com to be used for future annual report notif	(cation)
For furth	er information co	oncerning this matter, please o	•	,
Daniel (			at (410 ) 659-5073	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

	City	Zip Code
		, Florida
New Registered Office Address:	Enter Florida str	ret addr <del>e</del> ss
Name of New Registered Agent:		
B. If amending the registered agent and/or registered agent and/or the new registered off		records, enter the name of the nev
	<del></del>	27
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
Enter new mailing address, if applicable:		
		15 23 F
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new principal offices address, if applica	ible:	
The new name must be distinguishable and contain the wo		ion "LLC" or the abbreviation "L.L.C."
Southern Glazer's Wine and Spirits of West Vin	rolnia. LLC	
A. If amending name, enter the new name of	the limited liability company here:	
This amendment is submitted to amend the follo	wing:	
Florida document number <u>L16000095708</u>	*	
The Articles of Organization for this Limited Lia	ability Company were filed on 05/13/2	016 and assigned
`	(A Florida Limited Liability Company)	
(Name of the Limite	ed Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
Southern Wine & Spirits of West	Virginia, LLC	

## 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

MGR = :	Manager Authorized Member		
Title	Name	Address	Type of Action
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			☐ Remove
			□ Change
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6/23/2016 3:01:16 PM From: To: 8506176383( 5/5 )

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: docum	ive date, if other than the date of filing: July 1, 2016 (optional) (optional	isted as the
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Dated	) me 6 2018 .	1
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	Signature of a member or authorized representative of a member 32.2	ယ် း
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Filing Fee: \$25.00