Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6393

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number : 076326003550 Phone : (561)627-8106 Fax Number : (561)622-7603

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

mail Address: pamasseydlagma

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXURY LIBATIONS LLC

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Page Count	04
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Help

TO:18506176383 FROM:5616227603 2. 09/25/2018 02:59 PM Page: FAN NO. H18000279625 3 **COVER LETTER** TO: Registration Section Division of Corporations LUXURY LIBATIONS LLC SUBJECT: 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: LINDA CONE Name of Person HAILE SHAW & PFAFFENBERGER, P.A. Firm/Company 660 US HIGHWAY ONE, THIRD FLOOR NORTH PALM BEACH, FL 33408 City/State and Zip Code pgmassey21@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LINDA CONE Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & □ \$30.00 Filing Fee &. \$25,00 Filing Fee

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

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Page: 3.2.09/25/2018 02:59 PM TO:18506176383 FROM:5616227603

FAN NO. H18000279625 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY LIBATIONS LLC		
(Name of the Limited Lia (A Flor	bility Company as it now appears on our records. rida Limited Liability Company)	-
The Articles of Organization for this Limited Liability Florida document number L16000138229	y Company were filed on JULY 25, 2016	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
MUNYON ISLAND SPIRITS COMPANY LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
<u></u>		11
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, address bere:	enter the name of the new
Name of New Registered Agent:		49
New Registered Office Address:	Enter Florida street address	1
_		orida
	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

			laddress of each person being ad
MGR = AMBR =	M2n2ger Authorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
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