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(Reque	estor's Name)	
(Addre	ss)	
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·		
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docur	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	Name of Limit	S + 1 (PJ) Sp. R (+ S)  ted Liability Company	LLC_
The enclosed Articles of Ame	ndment and feets) are subn	nitted for filing.	
Please return all corresponder	ice concerning this matter to	o the following:	
_	Jehr	Name of Person	·
		Name of Person	
-	Ohia Rind	Firm/Company	ids LC
-	5170 L	enion Row D	?il
-	Venice	City/State and Zip Code	<u>-93</u>
-	E-mail addresk: (to	COM. ESG @ So be used for future arrival report notific	Mail. CM
For further information conce	rning this matter, please cal	II:	
Nadia In	ram	at (Aug.) Agg.	· 2418
Name of Pers	on <sup>t</sup>	Area Code Daytime	Telephone Number
Enclosed is a check for the fol	lowing amount:		
☑ \$25.00 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

(Name of the Limited I	Jistilly Spirits  Jiability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	2417 and assigned
This amendment is submitted to amend the following	ոք։	
A. If amending name, enter the new name of the	1 Spicits LLC	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	 
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>
	<del></del>	1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.		- ¬
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
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 = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			Remove
		Chậnge	
<del></del>			
			□ Remove
		☐ Change	
		Remove	
		Change	
		☐ Remove	
		□ Change	
			Remove
*			Changes

D. if ame	epding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.	207 (3)() as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	May 31 2017	
	Signature of a member or authorized representative of a member	
	John Cake Lugram	
	Typed or printed name of signee	

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Filing Fee: \$25.00