## 117000108768

(Requ	estor's Name)	
(Addre	ess)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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## **COVER LETTER**

TO: Registration S Division of Co		·
SUBJECT: WHISKE	EY-WEST 79, LLC	
	Name of Limited Liability Company	<del></del>
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	spondence concerning this matter to the following:	
	Jacob A. Piorkowski	
	Name of Person	<del></del>
	Shaw & Shaw PC	
	Firm/Company	
	4819 South Park Avenue	
	Address	
	Buffalo, New York 14075	
	City/State and Zip Code	<del></del>
	jpiorkowski@shawlawpc.com	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Jacob A. Piorkowski	716 648-3020 at ()	
Name	e of Person Area Code Daytime Telepho	ne Number
Enclosed is a check for	r the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status	\$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

WHISKEY-WEST 79, LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing Florida document number £17000108768	any were filed on May 16, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	79 W Chippewa St Buffalo, NY 14202
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable:	217 Ashland Avenue, Buffalo, New York 14222
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.  Name of New Registered Agent:	d office address on our records, enter the name of the ne here:
New Registered Office Address:	Enter Florida street address
	City , Florida ,
New Registered Agent's Signature, if changing Registered Age	ent:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ryan Brooks	217 Ashland Ave.	<b>∃</b> Add
		Buffalo, New York 14222	
			Change
MGR	Marc Antecki	156 Rivermist Drive	<b>≡</b> Add
		Buffalo, New York 14202	□ Remove
			Change
MGR	Michael Hamilton	1005 N Marion St	Add
		Tampa, Florida 33602	Remove
			☐ Change
			Add
			Remove
			□ Change
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an effect	ive date is listed the date insert	, the date mu	st be specific	and cannot	be prior to d	ate of filing of	r more than 90 ling requirem	days after fill	ng.) Pursu	ant to 60 of be list	5.0207 ted as
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Typed or printed name of signee

Filing Fee: \$25.00