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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ANCLOTE DISTILLING COMPANY, LLC 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:	
STEPHEN CORRADO Name of Person	
ANCLOTE DISTILLING CO., LLC Firm/Company	
POBOX 315 Address TARPON SPRING-S, FL. 34688 City/State and Zip Code SPCORRADO PHOTMAIL.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	2023 H#R 2
E-mail address: (to be used for future annual report notification)	H/R 22 PH 12:
For further information concerning this matter, please call:	90
STEPHEN CORRADO at (727) 644-044/ Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Status Solution Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C	· ·	//0/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		27
(Principal office address MUST BE A STREET ADDR	RESS)	
		20 11 20 12 12 12 12 12 12 12 12 12 12 12 12 12
		N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		12:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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

<u>Title</u>	Name	Address	Type of Action
MEMBER	SCOTT SAENGER	9307 WINSOME LN HOUSTON, TX 77063	5Add
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			□Change
			□Add
			□Remove
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amending s	any other inf	formation, e	enter chang	ge(s) here:	(Attach add	litional she	ets, if neo	cessary.))	
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