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N. CAUSSEAUX JAN 4 2019

COVER LETTER

TO:	Registration Se Division of Cor					
eun ir	M & J On	The Rocks Liquor LLC				
SUBJE	CI:	T:Name of Limited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please i	return all correspo	ndence concerning this matter	to the following:			
		Magalia Quintana				
			Name of Person			
		854SpyglassLane	Firm/Company			
		00-10pyglasscane				
		Champions Gate, FI 33896	Address			
		320maggieq@gmail.∞m	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For fur	ther information c	oncerning this matter, please ca	all:			
Magal	ia Quintana		201 301-4174 at ()			
	Name o	f Person		e Telephone Number		
Enclose	ed is a check for th	ne following amount:				
■ \$2 5	5.00 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:

TO:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & J On The Rocks Liquor LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A)	lorida Limited Liability Company	"	
The Articles of Organization for this Limited Liabil	lity Company were filed on _	November 14, 2018	and assigned
Florida document numberL18000266833	<u> </u>		1:20
This amendment is submitted to amend the following	ng:		_
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :	
M & J On The Rocks LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the	e designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
_		Florida	Zip Code
	City		z.ip Code
New Registered Agent's Signature, if changing Regi	stered 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Remove
			□ Add
			□ Remove
			20
			□ Change
			🗖 Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			🖸 Add
			☐ Remove
			□ Change

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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and car	nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 t the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective dat The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier
12/10/ 2	2018
-711/2010	nber or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00