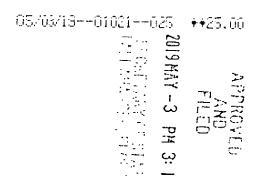
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

то:	Registration S Division of Co.		,	-		
(*# 1 th)	4th Street I	Liquor, LLC				
SUBJE	CI:	Name of Lin	nited Liability Company			
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Daniel Todd				
		,	Name of Person			
		4th Street Liquor, LLC				
			Firm/Company	 ,		
		382 N. Orlando Ave			201	
		Cocoa Beach, FL 32931	Address		2019 NAY -3	
		manager@4thStreetFillinSt	City/State and Zip Code ation.com			800 E
		E-mail address: (to be used for future annual report noti-	fication)	्र इ.स.च्या इ.स.च्या	
For furt	her information o	concerning this matter, please c	all:		•	
Daniel '	Fodd		321 863-5698			
	Name c	of Person	at () Area Code Daytime	e Telephone Number		
Enclose	d is a check for t	he following amount:				
\$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

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

4th Street Liquor, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our recormited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Com	pany were filed on <u>03/14/2019</u>	and assigned
Florida document number 1.19000072475		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
4th Street C Store, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	201
Pater way mailing address if applicable.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		is, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	(N)
	r	lorida
	City	Zip Code
We only the first and accompany of the first		

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			Remove
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			Change
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F100	5/1/19		
Note: If the date inserted in the	the date of filing: must be specific and cannot be prior to date of filing or mo s block does not meet the applicable statutory filing e Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed)207 (l as t
ne record specifies a dela The 90th day after the	yed effective date, but not an effective tin record is filed.	me, at 12:01 a.m. on the earlier	r of:
Dated April, 30	2019		
	11/1		
	Signature of a member of authorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00