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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

| | Registration S Division of Co | | · · | | |
|-----------------|----------------------------------|--|---|--|-------------|
| SUBJEC | | SPIRITS LLC | • | | |
| SUBJEC | | Name of Lin | nited Liability Company | | |
| The enclo | osed Articles o | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please re | turn all corresp | oondence concerning this matter | to the following; | | |
| | | SYLVIE GRATTAGLIAN | NO | | |
| | | ,, | Name of Person | | |
| | | | Firm/Company | | |
| | | 129 W. Hibiscus Blvd. Q | | | |
| | | | Address | | |
| | | Melbourne, Fl. 32901 | | | |
| | | | City/State and Zip Code | · | |
| | | E-mail address: (| to be used for future annual report notifica | uion) | |
| For furth | er information | concerning this matter, please c | all: | | |
| SYLVIE | GRATTAGLI | IANO | () | 2 82 | |
| | Name | of Person | at () Area Code Daytime T | elephone Number 175 JUN 21 | Ţ* <u>}</u> |
| Enclosed | is a check for | the following amount: | | | : } |
| ■ \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, C1 Certificate of Status & Certified Copy (additional copy is enclosed) | J |
| | Mailing Addre | Section | Street Address: Registration Secti | | |
| | Division of C P.O. Box 63 | Corporations 27 | Division of Corpo The Centre of Tal | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) the Articles of Organization for this Limited Liability Company were filed on 03/19/2020 and assigned lorida document number 120000085816 this amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Inter new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) S. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 7/19/Code TapCode TapCode TapCode TapCode | BEYOND SPIRITS LLC | | | |
|--|---|--|---------------------|------------------|
| Inter new principal office address, if applicable: Conter new mailing address, if applicable: | (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| this amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Tip City Florida | _ | y were filed on 03/19/2020 | and as | signed |
| Anter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX | lorida document number L20000085816 | | | |
| Anter new mailing address, if applicable: Principal office address, if applicable: Principal office address, if applicable: Mailing address MAY BE A POST OFFICE BOX) S. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida Florida Florida Florida | his amendment is submitted to amend the following: | | | |
| Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Tip.Code | . If amending name, enter the new name of the limited lial | pility company here: | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida Florida | ne new name must be distinguishable and contain the words "Limited Liab | ility Company." the designation "LLC" or | the abbreviation "L | .L.C." |
| Enter new mailing address, if applicable: Muiling address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida Florida | nter new principal offices address, if applicable: | | | |
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| Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: | | | | |
| Name of New Registered Agent: New Registered Office Address: New Registered Office Address Enter Florida street address | nter new mailing address, if applicable: | | <u></u> | |
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| New Registered Office Address: Enter Florida street address Florida F | | address on our records, enter the | | <u>w registe</u> |
| New Registered Office Address: Enter Florida street address Florida Florida Florida Zip.Code Florida | Name of Naw Registered Agents | | (120) SEC | |
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| City Florida - Zip.Code | New Registered Office Address: | Constitution of the state of th | <u> </u> | As west |
| City Zip.Code | | Enter Pioriaa sireei aaaress | יקרי דט | [3] |
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| lew 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 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 |
|--------------|----------------------|----------------------|--------------------|
| AMBR | REYNALD GRATTAGLIANO | 1689 AVENUE ROSSINI | □Add |
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| rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more that Ite: If the date inserted in this block does not meet the applicable statutory filing requesiment's effective date on the Department of State's records. | (optional) in 90 days after filing.) Po airements, this date wi | ursuant to (not be | 505.020 isted as |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed. | | | fter the |
| Sylvia Grattaling. Signature of a member or authorized representative of a m | | | |
| | | | |
| Signature of a member or authorized representative of a m | nember | | |