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COVER LETTER

TO: Registration Division of C			•	1
	LIQUORS XVI, LLC	٠.		¥
SUBJECT:	Name of Lin	nited Liability Company	· · · ·	
The enclosed Articles	of Amendment and fec(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Jorge A. Alvarez, Esq.			
		Name of Person		
	Rodon Law, PLLC			2024 S SECF
		Firm/Company		
	201 Alhambra Circle, Sui	ne 504		2024 SEP -4 PH 1: 14 SECRETARY OF STATE TALLAHASSEE, FI.
		Address		SES A
	Coral Gables, FL 33134			5 F. F.
		City/State and Zip Code		1.1
	jalvarez@sralaw.com			
	E-mail address: (to be used for future annual report notif	lication)	
For further information	concerning this matter, please o	all:		
Jorge A. Alvarez, Esq		305 445-8881		
Name	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROWN LIQUORS XVI, LLC			
(Name of the Lin	nited Liability Company as it m (A Florida Limited Liability C	ow appears on our records. Company)	,
The Articles of Organization for this Limited	Liability Company were fil	led on May 21, 2020	and assigned
Plorida document number L20000138642	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability cor	npany here:	
			2021 St
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC" (or the alth Wation A.L.C.
Enter new principal offices address, if appl	icable:		27
Principal office address MUST BE A STRE	ET ADDRESS)		- T
			SSE CO
Enter new mailing address, if applicable:			- जि
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr	***	on our records, enter th	ne name of the new registere
agent and/of the new registered white addr	Cas here.		
Name of New Registered Agent:	-RODON-LAW-PELG	RODON ALVAREZ L	AW, PLLC
New Registered Office Address:	201 Alhambra Circle, S	uite 504	
	-	Enter Florida street address	
	Coral Gables	Flor	ida <u>33134</u>
	Cny		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.

f 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> <u>Address</u> Type of Action

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Dated June 13 2024	iii not be fisted as
& May c	90th day after the
& May c	
Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00