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Registration Section

TO:

## **COVER LETTER**

Divi	sion of Corp	porations			
SUBJECT.		R SPIRITS, LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	Articles of A	Amendment and fec(s) are sub	mitted for filing.		
Please return	ali correspor	ndence concerning this matter	to the following:		
		Patricia Burnside			
				<del></del>	_
			Name of Person		
		Patricia Burnside Realty			
			Firm/Company		_
		5220 SW 19 Street			
		<del></del>	Address		60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
		Plantation, FL 33317			
			City/State and Zip Code		-
		pat@patburnside.com			
		E-mail address: (t	o be used for future annual rep	port notification)	
For further in	formation co	oncerning this matter, please ca	dl:		
Patricia Burn	side		305 389-5		
	Name of	Person	Area Code	Daytime Telephone Number	ii
Enclosed is a	check for the	e following amount:			
<b>≘</b> \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific (ed) Certifie	ate of Status & d Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIVE STAR SPIRITS, LLC (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 \_\_\_\_\_\_ and assigned Florida document number 1.20000153669 This amendment is submitted to amend the following: A. 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_, Florida \_\_\_ 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>	<u>Name</u>	Address	Type of Action
MGR	Jonathan Armalin	3521 West Broward Blvd, Suite 208	□ Add
		Fort Lauderdale, FL 33321	■Remove
			□Change
MGR	Willie Bernard Mohorn III	3521 West Broward Blvd, Suite 208	<b>≅</b> Add
		Fort Lauderdale, FL 33321	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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WILLIE BERNARD MOHORN III		Typed or printed name of signee

Filing Fee: \$25.00