L20000235313

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(Address)	
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(City/State/Zip/Pi	hone #)
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COVER LETTER

	Registration Se Division of Cor			
CUBIEC		Bottle Shop, LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Nicolas Riveira		
			Name of Person	
		Griffin Group, CPA		
			Firm/Company	
		410 Malaga Ave., Suite 3		
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		nic@griffingroupepa.com		
Car Cart			to be used for future annual report i	notification)
		oncerning this matter, please ca	an;	
Nicolas R	Civeira		954 3039491 at ()	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed	is a check for the	he 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, Certificate of Status & Certified Copy (ditional copy is enclosed)
	Mailing Addres Registration S		Street Address Registration	
	Division of C		Division of C	

P.O. Box 6327

Tallahassee, FL 32314

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Sidewalk Bottle Shop, LLC The Articles of Organization for this Limited Liability Company were filed on $\frac{08/05/2020}{}$ Florida document number ______L20000235313 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 "L.L.C." 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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMRR =	Authorized	Member

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<u>Title</u>	<u>Name</u>	Address 2021 JAN 26 AM 7: 10	Type of Action
AMBR	David Lopez	2042 CHAMPIONS WAY	□Add
		NORTH LAUDERDALE, FL 33068	■Remove
			□Change
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			□Remove
			□ Change
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ctive date, if other than the date of effective date is listed, the date must be spec	of filing: (optional) cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block doe iment's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
ord specifies a delayed effective date, b	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
December 22	2020
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Signatu	are of a member or authorized representative of a member
MILIOLAS /	