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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
	THE	SHAPE OF LIQUORS USA,	LLC	
SUBJ	ECT:		¥ *	
		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		RYAN M. TABLES, E	ESQ.	
			Name of Person	
		TABLES LAW GROU	JP, P.A.	
			Firm/Company	
		3475 SHERIDAN STI	REET, SUITE 301	
			Address	
1		HOLLY WOOD, FL 3	3021	
•		rtables@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For fur	ther information o	oncerning this matter, please c	all;	
An	drew Drucker		305 975-8906	
			at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	P.O. Box 632	•	The Centre of	•
	Tallahassee. I			roe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SEPTEMBER 2, 2020	and assigned
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records, enter the name	H &
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rida street address	
	SEPTEMBER 2, 2020 ere: designation "LLC" or the abb

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.

Ciiy

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
MGR	Juan Reffreger	3268 Allamanda Street	
		 	■Add
		Miami, FL 33133	7.
			Remove
			□Change
Member	Liquor Studio International Brands LLC	3268 Allamanda Street	
Nichiki -			
		Miami, FL 33133	
			🗆 Remove
			Change
Member	Michael Berkoff	17 Cedar Street	
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		Stamford, CT 06902	rm 15
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***	September 25, 2020	
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