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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name) | _ |
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| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO:

Registration Section

| porations . | | |
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| MIKE'S LIQU | ORS 2, LLC | |
| Name of Lim | ited Liability Company | |
| Amendment and fee(s) are sub | mitted for filing. | |
| ndence concerning this matter | to the following: | |
| OMAR ADAMES | | |
| | Name of Person | |
| MIKE'S LIQUORS | 2, LLC | |
| | | |
| MIKE'S LIQUORS 2, LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filling. a all correspondence concerning this matter to the following: OMAR ADAMES Name of Person MIKE'S LIQUORS 2, LLC Firm/Company 8886 NW 7TH AVENUE Address MIAMI, FL 33150 City/State and Zip Code of ynes 238aol.com E-mail address: tto be used for future annual report notification) Information concerning this matter, please call: ATA PEREZ Name of Person Area Code Osymes 230.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: gistration Section Street Address: Registration Section | | |
| | Address | |
| MIAMI, FL 331 | · | |
| ofunos 220201 | • | |
| | | tification) |
| oncerning this matter, please c | all: | |
| Z | at (954) 640- | 0297 |
| Person | | |
| e following amount: | | |
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| orporations | _ | |
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| | MIKE'S LIQUE Name of Lim Amendment and fee(s) are sub- ndence concerning this matter OMAR ADAMES MIKE'S LIQUORS MIKE'S LIQUORS MIAMI, FL 331 of ynes 23@aol. E-mail address: (concerning this matter, please concerning this matter, please concerning this matter of Status Section or porations 7 | MIKE'S LIQUORS 2, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: OMAR ADAMES Name of Person MIKE'S LIQUORS 2, LLC Firm/Company 8886 NW 7TH AVENUE Address MIAMI, FL 33150 City/State and Zip Code of ynes 23@aol.com E-mail address: (to be used for future annual report no oncerning this matter, please call: Z at (954) 640- Orerson Area Code Dayting S30.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Registration S Orporations 7 Street Address: Registration S Division of Co |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIGURE OF AREA OF AREA

MIKE'S LIQUORS 2, LLC

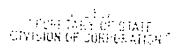
21 MAR 31 PM 12: 18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for thi | s Limited Liability Company | were filed on <u>1/07</u> | /2021 and assigned |
|---|--|--|---|
| Florida document numberL210 | 00002071 | | |
| This amendment is submitted to am | end the following: | | |
| A. If amending name, enter the n | ew name of the limited lial | oility company here: | |
| The new name must be distinguishable and | d contain the words "Limited Liab | ility Company." the designat | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices addre | ss, if applicable: | | |
| (Principal office address MUST B. | E A STREET ADDRESS) | | |
| | | | |
| Enternance modified address if an | Harkler | | |
| Enter new mailing address, if app (Mailing address MAY BE A POS | | | |
| Maung duaress MAT BE A FOS. | I OFFICE BUAJ | | . |
| B. If amending the registered age agent and/or the new registered o | ffice address here: | address on our record | ls, enter the name of the new register |
| New Registered Office Ac | Idress: | | |
| | | Enter Florida str | eet address |
| | | City | , FloridaZip Code |
| New Registered Agent's Signature, i | Eabanning Dogistopod Agant | • | zip Coae |
| | · | _ | |
| provisions of all statutes relative | to the proper and complete tion as registered agent as inge in the registered office | e performance of my d provided for in Chapt | ter 605, F.S. Or, if this document is |

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 21 MAR 31 FM 12: 1 | 8 Type of Action |
|--------------|----------------|----------------------------|------------------|
| MGR | JOEL R. GARCIA | 120 NW 202 TERR., #1104 | □ Add |
| | | MIAMI GARDENS, FL 33169 | = Remove |
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| fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requir cument's effective date on the Department of State's records. | (optional) 90 days after filing.) Purs ements, this date will | aunt to 605.0207 not be listed as |
| ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the easified. | | h day after the |
| t Om Allows Signature of a member or authorized representative of a mer | | |
| Com Color Signature of a member or authorized representative of a mer | nher | |
| OMAR ADAMES | | |