## L21000112764

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TO THE SERVICE OF THE

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		•
SUBJECT:	SL Liquer	License Monagement,	<u> </u>
The enclosed Articles	of Amendment and fee(s) are	e submitted for filing.	
Please return all corres	spondence concerning this m	natter to the following:	
	Mayra	A Tharro Nune Z Name of Person	
		Firm/Company	
	535 <u>(o</u>	mmons Drive	ZI JUN (
	Poim Beac	in Gardens FL 33418	HEZT JUN 30 PM 1: 12 SECRETARY OF STATE TALLIAHASSEE. FL
	mayraibar E-mail addr	City/State and Zip Code  YO 6 2 0 0 0 1 . COM  ess: (to be used for future annual report notification	STATE STATE
For further information	n concerning this matter, plea		
Mayra A	- Ibaric Nuntz e of Person	at (571) 359 - 779 Area Code Daytime Teler	Phone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of State		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporat The Centre of Tallah	
Tallahassee	e. FL 32314	2415 N. Monroe Stre Tallahassee, FL 3230	•

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	icense monogement, LLC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company  Florida document number <u>L2 1000 112764</u> .	were filed on $03 09 2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	•
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	535 Commons Drive Palm Beach
Principal office address MUST BE A STREET ADDRESS)	Gardens FL 33418
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	Gardens, Fr 33418880 R
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent: May 10	A Ibarra Nunez
New Registered Office Address: 535	COMMENS DINE  Enter Florida street address
Palm Bea	City Florida 33418  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.

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 = M $ AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mayra A Ibarra Nunez	BCOCH Cordens, FL 33418	XAdd
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