L22 000051172

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2022 APR 11 AM 7: 30
SECRETARY OF STATE

A. BUTLER MAY - 3 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

Broward liquors group LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Josue Jean Jourdain Name of Person Apex Insurance & Accounting Group Inc. Firm/Company 3810 Inverrary BLVD Suite 404B Address Lauderhill, FL 33319 City/State and Zip Code jjourdain.re@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Josue Jean Jourdain Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

	O	F		ED
Broward Liquors Group LLC			2022 APR	
		the company as it now appears Liability Company) were filed on 01/3	SECRETARY TALLAHAD	OF STATE SEE and assigned
Florida document number 1.22000051172	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :	
N/A	•		·	
The new name must be distinguishable and contain the v	words "Limited Liabi		ignation "LEC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applied	cable:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)		.	
		 -	<u> </u>	
		N/A		
Enter new mailing address, if applicable:	D(1V)			
(Mailing address MAY BE A POST OFFICE	<u>DOA)</u>			·
B. If amending the registered agent and/or tagent and/or the new registered office addre	**	address on our rec	cords, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent: New Registered Office Address:			.	
	N/A	Enter Floria	la street address	
		City	Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as _l registered office	performance of n provided for in Cl	iv duties, and I am flapter 605, F.S. Or,	amiliar with and if this document is
	If Chai	nging Registered Ager	it. Signature of New Rej	gistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addec or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AR	Dierestil. Achil	1334 NW 9TH AVENUE	
		FORT LAUDERDALE, FL 33311	■Remove
•			□Change
	 -		□ Add
•			□ Remove
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Effective date, if other fan effective date is listed, Note: If the date inserte document's effective date	the date must be specific d in this block does no	and cannot be prior to out meet the applicable	date of filing or more that e statutory filing requ	(optional) n 90 days after filing.) Pu irements, this date wil	irsuant to 605.020° I not be listed as
e record specifies a delay rd is filed.	red effective date, but i	not an effective time	, at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
Dated April 8		2022	. /	1 /1	
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	Simanua at	fo mambar of aucharia	ad concessantation of a m	ambar	
	Signature of	f a member or authoriz	ed representative of a m	ember	