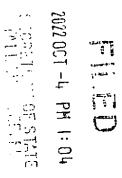
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(Requestor's Name)	
(Address)	·-···
(,	Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	. Certificates of	Status
Special Instructions to	Filing Officer:	

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2022 OCT -- 4 AMII: 38

A. BUTLER OCT - 5 2022

COVER LETTER

TO: Registration of	on Section Corporations		
MVL SUBJECT:	IQUOR LLC		
SOBJECT.	Name of L	imited Liability Company	
The enclosed Article	s of Amendment and fee(s) are so	obacia de es	
	espondence concerning this matter		
	. See See See See See See See See See Se	or to the following:	
	DENISE MORRILL		
		Name of Person	
	LIQUOR LICENSE PRO	DFESSIONALS LLC	
		Firm/Company	
	725 N MAGNOLIA AVI	= 	
		Address	
	ORLANDO FL 32803	<u>. </u>	
	denise@liquorlicenseprofe	City/State and Zip Code	
		(to be used for future annual repo	ort notification)
For further informatio	n concerning this matter, please o	call:	
DENISE MORRILL		386 222-96	68
Nam	e of Person	at () Area Code D	Paytime Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 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 (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63	Section Corporations 27	Street Address Registration Division of The Centre	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION TO

M V LIQUOR LLC

2022 OCT -4 PM 1: 04

(Name of the Limited Links)	<u> </u>	11. 15 04
(A Florid	Ity Company as it now appears on our record a Limited Liability Company)	OF STATE
The Articles of Organization for this Limited Liability C	; C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SSTE, FL
Lability C	Company were filed on 04/01/2022	and assigned
Florida document number L22000172887	<u></u> .	~
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company "the designation "I I C	***
	the designation EEC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
D Ic. v		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter t	the name of the new registers
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	•
I hereby accept the appointment		

N

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	DEVAESHI PATEL	16370 CORTEZ BLVD	
		BROOKSVILLE FL 34601	≅Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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Effective date, if of an effective date is hade: If the date in document's effective	other than the isted, the date must iserted in this blo 'e date on the De	date of filing the specific and pock does not to spartment of S	ng: d cannot be primeet the app State's record	ior to date of t licable statu ds.	filing or more tory filing re	than 90 days a quirements,	ptional) fter filing.) Pu this date will	suant to 605,0207 not be listed as
record specifies a	delayed effective	: date, but not	t an effective	tíme, at 12:	01 a.m. on ti	he earlier of:	(b) The 90	th day after the
1 is filed.								
d is filed. OCTOBER 3	} -—		2022	·				
OCTORED :		A)	·	·				
OCTORED :	Meha	Electric of a r	2022 member or aut	thorized repre	sentative of a	member		