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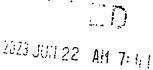
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COVER LETTER

TO: Re Div	gistration Se vision of Cor	ection Porations			
SUBJECT:	ELITE FIN	E WINES & SPIRITS LLC			
		Name of Li	mited Liability Compa	ny	
The encloses	d Articles of	Amendment and fee(s) are su	bmitted for filing		
		ndence concerning this matte			
		DENISE MORRILL			
			Name of Perso	ac	
		LIQUOR LICENSE PRO	FESSIONALS LLC		
			Firm/Compan	у	
		2200 LUCIEN WAY #42	20		
			Address		
		MAITLAND FL 32751			
			City/State and Zip	Code	
		denise@liquorlicenseprofes			
For further in	formation co	ncerning this matter, please c		nnual report notification	1)
DENISE MO		,,,,,,,,,,	386	222-9668	
	Name of	Person	at (Area Code)	hone Number
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	у	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ing Address: stration Se sion of Co Box 6327 thassee, FL	rporations	Reg Div The	et Address: istration Section ision of Corporati Centre of Tallaha 5 N. Monroe Stree	ssee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ELITE FINE WINES & SPIRITS LLC

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

The Articles of Organization for this Limited Liability Company	y were filed on 01/26/2023 and assigned
Florida document number L23000035843	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4550 E MICHIGAN ST
(Principal office address MUST BE A STREET ADDRESS)	STE 4658
· · · · · · · · · · · · · · · · · · ·	ORLANDO FL 32812
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
			□ Change

	
ote: If the date inserted in this	te date of filing:(optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
record specifies a delayed effect is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
06/22 ated	2023
ated	, 2023
ated	
etedEMAD BAKER	2023 Pignature of a member or authorized representative of a member

Filing Fee: \$25.00