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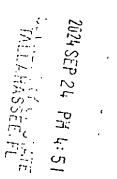
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V.Williams.

COVER LETTER.

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations	, ,	
SUBJECT: <u>K</u>	UBANA BEER	AND RUM LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
	ndence concerning this matter t		
riease return an correspo	ndence concerning this matter	to the following.	
	RAN	10N REYES Name of Person	
	RAMON K	EYES ACCOUN, Firm/Company	ting INC
	5035 P.	Alan AVE Address	
	141.4/84/	City/State and Zip Code	?
		City/State and Zip Code	
	E-mail address: (1	Chystate and Zip Code Chystate and Zip Code	otification)
For further information c	oncerning this matter, please ca		
Person)	RESICC	305.822-	0669
Name o	f Person	at (<u>305)</u> <u>822 - 6</u> Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KUBANA BEER AN	DRUM LLC
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L24000/692/5</u> .	were filed on $04/09/2024$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
Q-BANA BEER AND	RUM LLC
The new name must be distinguishable and contain the words "Limited Liability	/ Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7A.
Tracipal office dances in Sol DE 7. Street in Soliday	() [1]
	ώπ ⁰ το
Enter new mailing address, if applicable:	me. r
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the pame of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			Remove
		 	Change
			□Add
			Change
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Change

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<u>lote:</u> If the	date, if other than the date of filing: 09/01/2024 (optional) we date is listed, the date must be specific and cannot be prior to flate of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
record sp Lis filed.	necifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	SEPTEMBER 1, 2024.
	Signature of a member or authorized representative of a member