

M1000000 2672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

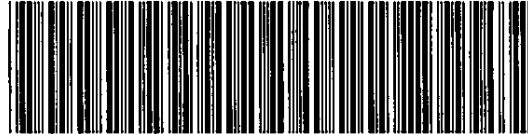
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 FEB -2 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 03 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Absolut Spirits USA, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Mayers

Name of Person

Pernod Ricard USA, LLC

Firm/Company

c/o Legal Dept., 250 Park Ave.

Address

New York, NY 10177

City/State and Zip Code

sharon.mayers@pernod-ricard.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Mayers

Name of Person

at ( 519 ) 561-5225

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ABSOLUT SPIRITS USA, LLC

Enter new principal office address, if applicable: 400 W. 14th Street

(Principal office address

MUST BE A STREET ADDRESS)

New York, NY

10014

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

c/o Pernod Ricard USA Legal Dept.

250 Park Ave., 17th Floor

New York, NY 10177

2. The Florida document number of this limited liability company is: M10000002672

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 10, 2010

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: ABSOLUT ELYX SPIRITS USA LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: N/A

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

*S. Mayers*

Signature of the authorized representative

Sharon Mayers

Typed or printed name of signee

Filing Fee: \$25.00

2010 FEB - 2 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ABSOLUT SPIRITS USA, LLC", CHANGING ITS NAME FROM "ABSOLUT SPIRITS USA, LLC" TO "ABSOLUT ELYX SPIRITS USA LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2015, AT 4:38 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

4831004 8100  
SR# 20150912673

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 10436802  
Date: 11-17-15

**STATE OF DELAWARE**  
**CERTIFICATE OF AMENDMENT**

1. The name of the Limited Liability Company is Absolut Spirits USA, LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is ABSOLUT ELYX SPIRITS USA LLC.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate on the 13<sup>th</sup> day of November, 2015.

By:   
Sharon Mayers, Authorized Person