Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown , below) on the top and bottom of all pages of the document.

(((H160001617543)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing Do will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383 Please retain original filing

From:

Phone

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 (850)205-8842

date of submission 7/5

Fax Number (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHERN WINE & SPIRITS OF CUBA, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 0 7 2013 BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Southern Wine & Spirits of Cuba, LLC	c
	Limited Liability Company
Dear Sir or Madam:	
•	
The enclosed application, certificate and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
· ·	
Daniel Connelly Name of Person	
ranic of torson .	
Hogan Lovells US LLP	
Firm/Company	
t tim company	OTE JUL -5
100 International Drive, Suite 2000	ASS.
Address	
	m _C >
Saltimore, MD 21202	A IO: 19 FLORIDA
City/State and Zip Code	TI I
·	Δ.
daniel.connelly@hoganlovells.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pl	ease call:
Daniel Connelly 8	at (410) 659-5073
Name of Person	Area Code & Daytime Telephone Number
,	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Fiorida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee & S60 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
CR2E055 (9/15)	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)

Name of limited liability Company as it appears on the second secon	the records of the Florida Der	andment of
	the records of the Frontia Dep	arment of
State: Southern Wine & Spirits of Cuba, LLC		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7 28 T
		圣帝 生
2. The Florida document number of this limited liability	company is: M1500000776	9 55 5
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 09/29/20	15	Ġ,
SECTION II (5-9 complete only the applicable chan		م التي
5. New name of the limited liability company: Souther		s of Cuba LLC
5. New name of the littles (most company:	tain "Limited Liability Comp	any, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for temps of the written consent of the managers or managin must contain "Limited Liability Company," "L.L.C." or	g members adopting the alter	iness in Florida and attach a nate name. The alternate name
6. If amending the registered agent and/or registered off registered agent and/or the new registered office address	icer address on our records, g s here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida S	
-	Ciry	, Florida
		EIP CONS
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and and accept the obligations of my position as registered document is being filed to merely reflect a change in the liability company has been notified in writing of this ch	d agree to act in this capacity complete performance of my i agent as provided for in Chap e registered office address, I i	dution, and I am familiar with over 805. F.S. Or. if this

ille/ Capacity	Name	Address	Type of Action
			MbA
	·		Remov
	· · · · · · · · · · · · · · · · · · ·		Add
			Remov
			Add
			Remove
	·.		ZO TALLEAN
			Remove
			A MES
Attached is a perti	ficute, if required: no more than 9	0 days old, evidencing the ly the official having custody of reco	Remove

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SOUTHERN WINE & SPIRITS OF CUBA, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SOUTHERN GLAZER'S WINE AND SPIRITS OF CUBA, LLC" ON THE TWENTIETH DAY OF JUNE, A.D. 2016, AT 12:10 O'CLOCK P.M.

AND I DC HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JULY, A.D. 2016.

5776715 8320 SR# 20164754432 Authentication: 202597247

Date: 07-01-16

7/8/2018 9:25:00 AM PAGE 1/001 Fax Server



July 6, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SOUTHERN WINE & SPIRITS OF CURA, 1600 NW 163RD STREET MIAMI, FL 33169

SUBJECT: SOUTHERN WINE & SPIRITS OF CUBA, LLC REF: M15000007769

RE-SUBIVIT
Please retain original filing
date of submission 3/5

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II FAX Aud. #: H16000161754 Letter Number: 016A00014081

MIG JUL -5 A 10: 19
SECRETARY DESIME
ALLAHASSEE, FLORIDA

2016 JUL -6 AM 11: 52