To:

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.

(((H22000436270 3)))



H220004362703ABC

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

Ta:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300

Fax Number : (608)827-5501

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

Email Address: Complance@hrco.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## FWS DISTRIBUTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

20EC 29 PH 4: 5

APPROVILLA AND FILED

Electronic Filing Menu

Corporate Filing Menu

Help

To

Fax Audit # H22000436270 3

## 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 appear	ars on the records of the Florida Department of	
State: FWS Distributors, LLC		
Enter new principal office address, if applicable.	**	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	-	2027
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 DEC 29 PM 4: 53
2. The Florida document number of this limited li	liability company is: M17000004837	ار. 53 د. 53
3. Jurisdiction of its organization:		
4. Date authorized to do business in Florida. 69	/6/2017	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company	ist contain "Limited Liability Company, " "L L.C.," or "L	<u>LC.</u> ")
	ed for the purpose of transacting business in Florida and attaining members adopting the alternate name. The alternate of "LEC")	
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, <u>enter the name of the m</u> address here:	<del>tW</del>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
<u></u>	Florida	<del></del>
	City Zip Code	
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	cut and agree to act in this capacity. I further agree to conversand complete performance of my duties, and I am familia stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered affice address, I hereby confirm that the	ir veith s

If Changing Registered Agent, Signature of New Registered Agent

Fax Audit # H22000436270 3

tle: Capacity	<u>Name</u>	<u>Address</u> <u>1</u>	<u>Yw of Actio</u>
		□Add	
			TRemo
<del></del>			l"Add
			CReme
		<del> </del>	CAdd
			CAdd
			⊡Remo
		···	□Add
aforementioned am	ne law of which this entity is on	by the official having custody of records in the	_ CRenic

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'FWS DISTRIBUTORS, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'MAVERICK BEVERAGE COMPANY FLORIDA, LLC' ON THE SIXTH DAY OF DECEMBER, A.D. 2022, AT 6:41 O'CLOCK P.M.



Authentication: 205185905

Date: 12-27-22