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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORP	ORATION: Ocean Breeze Liqu	ior & Pub, Inc.	
DOCUMENT NU	MBER: P01000100220		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Bruce R. Abernethy, Jr.		
	-	Name of Contact Perso	n
	Bruce R. Abernethy, Jr., P.A		
		Firm/ Company	
	130 S. Indian River Drive, So	aite 201	
		Address	
	Fort Pierce, FL 34950		
		City/ State and Zip Cod	e
	patel.ranjana@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	tion concerning this matter, plea	se call:	notification)
Bruce R. Abernethy	y, Jr.	at (772	100 1001
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	de & Daytime Telephone Number artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Address Iment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Ocean Breeze Liquor & Pub, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)	ر ر
P01000100220	-
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendm its Articles of Incorporation:	en'
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	**
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Neel R. Patel	
630 SW Palmetto Cove	
New Registered Office Address: Port St-Lucie Florida 34986 (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	P	Ranjana Patel	630 SW Palmetto Cove			
Add			Port St. Lucie, FL 34986			
X Remove						
2) Change	P	Neel R. Patel	630 SW Palmetto Cove			
X Add			Port St. Lucie, FL 34986			
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove			*			
6) Change						
Add						
Remove						

. If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)								
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If an amend	lment provide	es for an exc	hange, reclas	sification, or	cancellation	of issued sha	res,	
provisions (if not a	for implemer applicable, inc	nting the amo dicate N/A)	endment it no	ot contained i	in the amend	ment itself:		
								
								
								

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	rs. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entit	
"The number of votes cast for the amendment(s) w	vas/were sufficient for approval
by(voting group)	
(voting group)	
Signature (By a director, president or other	2020 er officer – if directors or officers have not been
selected, by an incorporator – appointed fiduciary by that fid	if in the hands of a receiver, trustee, or other court uciary)
Neel R. Patel	
(Typed or p	rinted name of person signing)
President	
(Title of per	son signing)