

P03000118222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

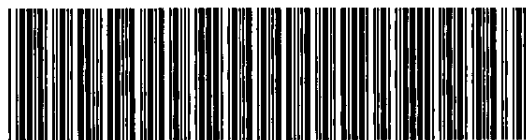
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR 17 P 1:29

FILED

APR 20 2017  
T. LEMIEUX

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DESTILERIAS UNIDAS CORPORATION

DOCUMENT NUMBER: P03000118222

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE LUIS BALLESTEROS

Name of Contact Person

DESTILERIAS UNIDAS CORPORATION

Firm/ Company

3650 NW 82ND AVENUE - SUITE 204

Address

DORAL, FL 33166

City/ State and Zip Code

jballesteros@rondiplomatico.com

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

For further information concerning this matter, please call:

VICTORIA HOLLAND

Name of Contact Person

at ( 954 ) 640 - 0297

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Destilerias Unidas Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000118222

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A 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)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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 SAMUEL A. RUBERT, P.A.

3225 FRANKLIN AVENUE - SUITE C-101

(Florida street address)

New Registered Office Address: COCONUT GROVE, Florida 33133

(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]  
Signature of New Registered Agent, if changing

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**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)*

*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.*

**Example:**

☒ Change                      PT      John Doe

☐ Remove                      V      Mike Jones

☒ Add                      SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>CURBELO, BERNARDINO</u>	<u>3650 NW 82TH AVENUE</u>
<input type="checkbox"/> Add			<u>SUITE 204</u>
<input checked="" type="checkbox"/> Remove			<u>DORAL, FL 33166</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>BALLESTEROS MELENDEZ, JOSE RAFAEL</u>	<u>3650 NW 82ND AVENUE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 204</u>
<input type="checkbox"/> Remove			<u>DORAL, FL 33166</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

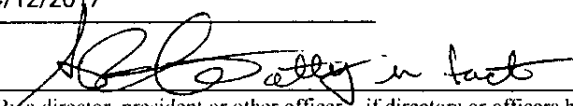
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/12/2017

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SAMUEL A. RUBERT by PoA

(Typed or printed name of person signing)

ATTORNEY IN FACT

(Title of person signing)

This Instrument Prepared by:  
SAMUEL A. RUBERT, P.A.  
3225 Franklin Avenue, Suite C-101  
Coconut Grove, FL 33133  
Tel: (305) 804-5141  
Fax: (888) 344-1798  
Email: srubert@rubertlaw.com

## POWER OF ATTORNEY

### Known All Men By These Presents:

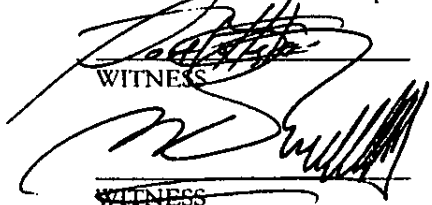
That **JOSE RAFAEL BALLESTEROS MELENDEZ** as **PRESIDENT** of **DESTILERIAS UNIDAS CORPORATION** has made, constituted and appointed, and by these presents does make, constitute and appoint **SAMUEL A RUBERT, DANIEL ILANI** and **VICTORIA HOLLAND** true and lawful attorney for him and in his name, place and stead;

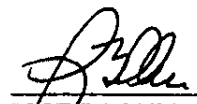
This instrument authorizes **SAMUEL A. RUBERT, DANIEL ILANI** and **VICTORIA HOLLAND** to: Receive or obtain any and all confidential information; submit any changes to any part of any application; have full power to perform any act or acts necessary and appropriate; and to substitute for said taxpayer, applicant, permit holder or licensee, solely, specifically, and exclusively in conjunction with a zoning application and/or an alcoholic beverage license application, before the State of Florida's Department of Revenue; Department of Public Health; Division of Hotels and Restaurants; the Division of Alcoholic Beverages and Tobacco; Miami Dade County and the City of Doral Building and Zoning Department.

Giving and granting unto **SAMUEL A. RUBERT, DANIEL ILANI** and **VICTORIA HOLLAND** said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as he might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming for all that **SAMUEL A. RUBERT, DANIEL ILANI** and **VICTORIA HOLLAND** said attorney or their substitutes shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the 11<sup>th</sup> day of April in the year two thousand seventeen.

Sealed and delivered in the presence of:

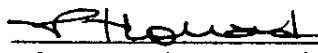
  
WITNESS

  
**JOSE RAFAEL BALLESTEROS MELENDEZ**, President of **DESTILERIAS UNIDAS CORPORATION**

STATE OF FLORIDA )  
COUNTY OF MIAMI DADE ) ss



The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April 2017, by **JOSE RAFAEL BALLESTEROS MELENDEZ** as **President** of **DESTILERIAS UNIDAS CORPORATION** who personally appeared before me at the time of notarization, and who is personally known to me or who has produced Venezuela passport as identification.

  
NOTARY PUBLIC, State of FLORIDA at Large  
My Commission Expires: 6/3/2019