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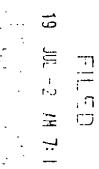
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JUL 1 5 2019 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: DAR-BEE'S KV	VIKER LIQUOR, INC.	-
DOCUMENT NUMBER: _	P08000084259		
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.	
Please return all corresponden	ce concerning this ma	tter to the following:	
RI	ENEE CRAWFORD		
		ime of Contact Person	1 .
R	UTH ATTAWAY CP	A	
		Firm/ Company	4
le	6216 NW ASHLEY S	HIVER ROAD	
	· · · · · · · · · · · · · · · · · · ·	Address	
/	ALTHA, FL 32421		
		City/ State and Zip Code	2
darbeons	t@gmail.com		
	` -	sed for future annual report	notification)
For further information concer	ming this matter, pleas	se catt:	
RENEE CRAWFORD		at (674-2995
Name of Conta	et Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payale to the Florida Depa	irtment of State:
	\$43.75 Filing Fee & Tentificate of Status	☐343.75 Filing Fee & Tertified Copy (Additional copy is (Inclosed)	☐\$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

DAR-BEE'S KWIKER LIQUOR, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P08000084259 (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: 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., "The," or "Co". A professional corporation name must contain the

Enter new principal office address, if applicable rincipal office address MUST BE A STREET ADD			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	X,		
			<u> </u>
If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florida, enter the name of the	-	(,)
	orrice address.		
			+ + =
	(Florida strvet address)	•	
Now Registered Office Address:	, Florida, Florida, Florida	(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

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 hold. 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: X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1) Change	V	JUDSON F. DARBY	5045 OLD SPANISH TRAIL		
X Add			MARIANNA, FL 32448		
Remove					
21 Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		···			
Add					
Remove					
5) Change					
Add					
Remove					
Keniove			***************************************		
6)Change					
Add					
Pemove					

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
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	- 			
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f an amendment provides for an exch	ange, reclassification,	or cancellation of iss	ued shares,	
provisions for implementing the ame	ndment if not containe	ed in the amendment	itself:	
(if not applicable, indicate N/A)		· -		

The date of each amendment(s) as date this document was signed.	loption:,	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the sharehokiers. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 grosp)	
	(voting grosp)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	pied by the incorporators without shareholder action and shareholder	
JUNE Dated	<u>a . 2019</u>	
Signature Low	Le Elisabeth	
selected	rector, president or other officer if directors or officers have not been d, by an incorporator if in the hands of a receiver, trustee, or other court ed fiduciary by that oduciary)	
	LESLIE E. DARBY	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	