# P090000 48984

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	GLASS HOUSE LIQUORS,	INC.
DOCUMENT NUI	MBER:	P09000048984	
The enclosed Articl	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	s matter to the following:	
_		Valrie Wright	
	N	ame of Contact Person	
Chevolo Accounting, Inc.			
		Firm/ Company	
-	6491 Sunset Strip - Suite 7 Address		
		Address	
_		nrise, Florida 33313 ity/ State and Zip Code	
		ght@hotmail.com	
<del></del>	E-mail address: (to be used	d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
	Valrie Wright	at (954)77	
Name o	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount m	ade payable to the Florida Departr	ment of State:
	\$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 Add Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

### GLASS HOUSE LIQUORS, INC.

(Name of Corporation as cu	irrently filed with the Florida Dep	ot. of State)	
Р	09000048984		
(Document )	Number of Corporation (if known)		
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		Profit Corporation	adopts the following
A. If amending name, enter the new nam	e of the corporation:		
			The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc," or	"Co". A profession	
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF  D. If amending the registered agent and/o	FICE BOX)	rida, enter the name	09 OCT 26 PM I2: L7
new registered agent and/or the new r	egistered office address:		The state of the s
Name of New Registered Agent;	PAVEL ALLIMAN	<del></del>	
New Registered Office Address:	(Florida street addres:	s)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if char I hereby accept the appointment as registere	d agent. Tam familiar with and acc	·	of the position.
	Signature of New Registered Agen	nt, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	RICHARD STEPHENS	1815 N.W.30th Avenue Lauderhill, Florida 33311	☐ Add ☑ Remove
	ding or adding additional Articles, end ditional sheets, if necessary). (Be sp		
provisio	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)		

·	Pa
Th. J.A C L J	SP7
ine date of each amendmen	t(s) adoption: date of adoption is required)
Effective date if applicable:	1st 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	are adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	9/1/09
Signature	HOOlin
· •	a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	Pavel Alliman
	(Typed or printed name of person signing)
	President/Director
	(Title of person signing)