## P13000022344





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(1RM 5.5.1**5** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations		় জ
NAME OF CORPORATION: <u>Rebel</u> DOCUMENT NUMBER: <u>P13000</u>	Spirits Inc.	が 下系27
DOCUMENT NUMBER: <u>\$13000</u>	022344	
The enclosed Articles of Amendment and fee are su		PH 1: 28
Please return all correspondence concerning this ma	atter to the following:	28 28
Santa Ros	Beth Troyer  Name of Contact Person  ebel Spirits Inc.  Firm/ Company  9 White Heron DR  Address  Sa Beach FL 32459  City/ State and Zip Code  1 Hroyer Chot mail. Com  sed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
BCHN Trayer  Name of Contact Person  Enclosed is a check for the following amount made;	at ( <u>850</u> ) <u>499-7014</u> Area Code & Daytime Telephone Number  payable to the Florida Department of State:	_
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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** Articles of Incorporation filed with the Florida Dept. of State) (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: 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 (Florida street address) New Registered Office Address: Florida 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 held. President, Treasurer, Director would be <math>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:	, ana san	y smun, i	ov us un Auu.		1		
X Change	<u>PT</u>	John Do	<u>oe</u>		<b>N</b> )	1 A	
X Remove	<u>V</u>	Mike Jo	nes		10	11,	
X Add	<u>sv</u>	Sally Sn	nith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s	
1) Change		_			<del></del>		
Add Remove							
2) Change	<del></del>	_		<u> </u>			
Add							
Remove							
3) Change		<del></del>			· · · · · · · · · · · · · · · · · · ·		
Add							
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4) Change		_					
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5) Change		_					
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Remove							
6) Change		_					
Add							
Remove							

If amending or (Attach addition	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	A.1/A.
	W/F
	·
If an amandma	ont provides for an evaluation as according to a consultation of issued shares
provisions for	ent provides for an exchange, reclassification, or cancellation of issued shares, rimplementing the amendment if not contained in the amendment itself:
(if not app	plicable, indicate N/A)
	, ^ A
	J / A
V	<u> </u>
<del> </del>	
	<del></del>

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)	<b></b>
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 4/24/15	
Signature  (By a director, president or other officer – if threctors 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)	
Andrew D. Trajer (Typed or printed hame of person signing)	
Andrew D. Trajer (Typed or printed name of person signing)  President (Title of person signing)	
(Title of person signing)	