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COVER LETTER

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,		COVER LETTER		18 St. J.
TO: Amendment Sect Division of Corpo				An Conference
NAME OF CORPOR	RATION:TOP NOTCH LI	QUORS, INC		S. O.
DOCUMENT NUME	BER: P14000015413			•
	of Amendment and fee are su			
Please return all corres	spondence concerning this ma	atter to the following:		
	JAIDEN J. CONTRERAS			
	***	Name of Contact Person	1	
	TOP NOTCH LIQUORS, IN	IC		
		Firm/ Company		
	11551 SW 26TH STREET A	АРТ.3-209	•	
		Address		
	MIRAMAR, FLORIDA 330	25		
		City/ State and Zip Code	2	
jaider	nc0101@gmail.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
JAIDEN J. CONTRE	RAS	786 at (501-4013	
Name o	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

Articles of Amendment to **Articles of Incorporation** of



TOP NOTCH LIQUORS, INC

(Document Number of Corporation (if known) arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendme s Articles of Incorporation:	14000015413	ly filed with the Florida Dept. of State)
Articles of Incorporation: If amending name, enter the new name of the corporation: The new time 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 ord "chartered," "professional association," or the abbreviation "P A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (City) (Zip Code)		of Corporation (if known)
The new 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 ord "chartered," "professional association," or the abbreviation "P A." Enter new principal office address, if applicable: trincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (City) (Zip Code)	arsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp, "Inc.," or "Co.". A professional corporation name must contain the ord "chartered," "professional association," or the abbreviation "P A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	. If amending name, enter the new name of the corporation:	
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(Florida street address) New Registered Office Address: , Florida (Zip Code) (City) (Zip Code) ew Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new registered office address	<u>ii</u>
New Registered Office Address:, Florida	Name of New Registered Agent	
New Registered Office Address:, Florida		
(City) (Zip Code) ew Registered Agent's Signature, if changing Registered Agent:	· (Florida str	vet address)
ew Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	
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		and accept the vongations of the position.
Signature of New Registered Agent, if changing	Signature of Nov. I	Danietavad Arant if olympina

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: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	RAVINDRA PRASHAD	4248 SW 130TH AVENUE
X Add			MIRAMAR, FL 33027
Remove			
2) Change		-	
Add			-
Remove			
3) Change		.	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			Philadelphia.
Add			construction of the Constr
Remove			

(Attach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)
N/A	
F. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
N/A	

	09/01/2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amosufficient for approval.	endment(s)
	pproved by the shareholders through voting groups. The followin or each voting group entitled to vote separately on the amendmen	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and s	hareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and share	nolder
Dated	12/2016	
Signature	and the the	
By a selec	director, president of other officer – if directors or officers have led, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	not been other court
	JAIDEN J. CONTRERAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	