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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: 5/1/1/	SHINESPI	IRITS / IBUORS & Wine INC.
DOCUMENT NUMBER: P14000	18/16	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
	Name of Contact Person Firm/ Company Address City/ State and Zip Code of for future annual report	LIQUORS & WINE, INC. ENUE 68 ail. com
For further information concerning this matter, please	e call:	
Vatvick Yaw	1 304	5609-9688
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{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		Address

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment			
Articles of Incorporation			
of (5 94 4: 38			
Number of the Lines and 1014 Hora in			
CUIDING OPINTO USUO CIRTURIE			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P14000018116			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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)			
Bldg 3 Apt 307			
11/10/11/17			
Mami, 1-L33161			
D. If any addition the superintegral association of the state of the s			
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:			
now registered agent and/or the new registered office address.			
Name of New Registered Agent			
(Florida street address)			
(1 tot day sit eet daar essy			
New Registered Office Address: , Florida_			
(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 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 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.

	ve, ana sa	my Smin, Sr us un Auu.	
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) 1) Change Add Remove	Title	Rose N. Mice	Address 1508 NW 1987 Bldg3-#7307 Micimi F13316
2) Change			·
Remove 3) Change			
Remove 4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
The name of the View Treasury secretary
Spelled Wong. That's the reason of the
Change. Hs stated the correct name is
ROSENIDAICE
- 100E N. DUICE
·
E. Management and the first of the state of
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)

The date of each amendment(s) adoption: 05/02/2014	, if other than the
date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
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 05/02/2014	,
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)	
Patrick Paul	
(Typed or printed name of person signing)	****
President	
(Title of person signing)	