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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: R&R Beverage Dis	tributors Inc.	
DOCUMENT NUME	BER: P16000067970		
	of Amendment and fee are sul	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
		Name of Contact Persor	1
		Firm/ Company	
		Address	- · · · · · · · · · · · · · · · · · · ·
		City/ State and Zip Code	e
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Monica Echevarria		at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2017 050 LL PH 2: 05

R&R Beverage Distributors Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P16000067970 (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. 1255 Belle Ave Unit #143 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Winter Springs Fl 32708 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: (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.

X Change	<u>PT</u> <u>Jo</u>	hn Doc	
X Remove	<u>v</u> <u>M</u> :	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	T	Monica Echevarria	1255 Belle Ave Unit 143
Add			Winter Springs Fl 32708
X Remove			
2) Change	P	Daniel Ramos	1255 Belle Ave Unit 143
x Add			Winter Springs Fl 32708
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for ar	<u>i exchange, ro</u>	<u>eclassification</u>	, or cancellation	ı of issued shares	ج
provisions for implementing the		if not contain	ied in the amend	iment itself:	
	/A)				
(if not applicable, indicate N					
(у поз аррасате, таксате н					
у погаррисате, іпаксате н					
(у пол аррисате, іпассате N					
(у пот аррисате, іпаксаге N					
(у пот аррисате, іпассате N					
у пот аррисате, таксате н					
(у пот аррисате, іпаісате N					
(у пот иррисате, такале N					
(у пот иррисате, таксате N					
(у пот аррисате, іпассате N					

12/06/2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
10/06/2017	
Effective date if applicable:	days after amendment file date)
(no more inan 90	adys after amenament fite date)
Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throumust be separately provided for each voting group entitled to was	
"The number of votes cast for the amendment(s) was/were	sufficient for approval
by(voting group)	<u>"</u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors vaction was not required.	vithout shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without action was not required.	ut shareholder action and shareholder
Dated 12 6 7017	
Signature Signature	
	er – if directors or officers have not been hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	nands of a receiver, trustee, or other court
appointed indiciary by that indiciary)	
7	R
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(1 ypea or printed n	anic of person signing)
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(Title o	f person signing)
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