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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: R&R Bevera	ge Distributors, Inc.			
DOCUMENT NUMBER: P16000067970				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
Danny Ramos				
	Name of Contact Person			
R& R Beverage Distrib	outors, Inc.			
Firm/ Company				
1255 Belle Ave. #143				
	Address			
Winter Springs, FL 327	709			
THIRD ODINGS, I L 327	City/ State and Zip Code			
	cosy, state and Exp Code			
clientservice@rrbdfl.com				
E-mail addres	ss: (to be used for future annual report notification)			
For further information concerning this matter, p	lease call:			
Danny Ramos				
Name of Contact Person	at ( <u>321</u> ) <u>356-5596</u>			
	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount man	de payable to the Florida Department of State:			
□ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & ■\$52.50 EUL C			
Mailing Address Amendment Section Division of Corporations	Street Address  Amendment Section  Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 DEC 13 AM 2: 44

R&R Beverage Distributors. Inc.	Statement
(Name of Corporation as currently filed with the Flo	Drida Dept. of State) VLLAHASSEE, FL
P16000067970	THE HASSEE, FL
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a Incorporation:	corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.,"	" "company " or "i The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	
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)	
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent Sandra Rivera, Attourney	
283 Cranes Roost Blvd	
(Florida stree	t address)
New Registered Office Address: Altamonte Springs	, Florida32701
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: wereby accept the appointment as registered agent. I am familiar with	and accept the obligations 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)

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> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	T	Daniel Ramos	1255 Belle Avenue
X Add			Suite 143
Remove			Winter Springs, FL 32708
2) Change	<u>\$</u>	Daniel Ramos	1255 Belle Ave
X Add			Suite 143
Remove			Winter Springs, FL 32708
3)Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
n Change			
Add			
Remove			

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90) days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated <u>10/23</u> Signature	1/2	
(By a d' selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Daniel Ramos	
	(Typed or printed name of person signing)	
	CEO	
•	(Title of person signing)	