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(Re	questor's Name)	
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SECRETARY TO JOHN IS 18

COVER LETTER

Division of Corporations			
NAME OF CORPORATION	: ViP 21 Liq	Delivery 6 0000688	bef.
DOCUMENT NUMBER:	P16	00006883	73
The enclosed Articles of American	dment and fee are sub	omitted for filing.	
Please return all correspondence	e concerning this mat	ter to the following:	
	Johny	elsi Carden	nas.
		Name of Contact Person	on
•	701 th	Firm/Company	ds blvd #108
	Hallando	Me Beach	Js blvd #108 , FL 33309,
	ip 21 deli	/ LRY SERVICO ed for future annual repo	sacmail.com
For further information concer			4 CI)
Johnyels?	Candenas	at (305	303 86 88
Name of Conta	ct Person	Area C	Code & Daytime Telephone Number
Enclosed is a check for the following	owing amount made p	payable to the Florida De	partment 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)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Amer Divis Clifto 2661	et Address Indiment Section Island of Corporations Indian Building Executive Center Circle Indian hassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

of	16 SEP 12 PM 1: 18
Vip21 Liquor Deliver	ey Corpsense Labor Her Late
(Name of Corporation as current)	y filed with the Florida Dept. of State) 10 305
P16000068873	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent	
(Elavida au	reet address)
·	·
New Registered Office Address: N/A	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar t	<u>:</u>
A/N	Registered Agent if changing
Signature of New I	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.

Example: X Change	<u>PT</u>	John D	<u>oe</u>			
X Remove	<u>v</u>	Mike J	ones			
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>	ı	Name	0	Address	
1) Change	77	_	Thorimar.	<u>CAndenas</u>	701 three Islands # 108	Blvo
X Add					# 108	0.6
Remove					Hallandale Beach, FL	.35 a
2) Change	···					
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		<u> </u>				
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6) Change		_				
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Attach add	g or adding additional A itional sheets, if necessary,	ticles, enter chai (Be specific)	nge(s) here:			
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provision	dment provides for an ex s for implementing the ar	enange, reciassir	icanon, or can contained in th	<u>cenation of issu</u> e amendment it	<u>ed snares,</u> self:	
(if no	t applicable, indicate N/A)					
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J						
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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 days)	te)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment	
"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 action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	reholder
Dated	
Signature (By a director, president or other officer – if directors or officers hav	
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
A	
Tohnyelsi Cardens. (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
\mathcal{P}	
(Title of person signing)	