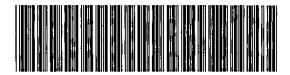
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(Re	questor's Name)	
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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UNIV 1 LIQUOR	INC.	
DOCUMENT NUMB	ER: P 16000085564		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	CHANDRAJEET NAIK		
-		Name of Contact Person	1
-		Firm/ Company	
	7570 SIKA DEER WAY		
·	FORT MYERS FL 33966	Address	
-		City/ State and Zip Cod	e
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual report se call:	notification)
CHANDRAJEET NAIK		at (²³⁹	849-1163
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATES DIVISION OF CORPERATES

UNIV LLIQUOR INC.

2016 DEC -2 PH 3: 53

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P16000085564	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s
a. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
	street address)
,	
new negistered Office nativess.	(City) (Zip Code)
	ent:
Signature of Ne	w 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 <math>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	<u>ones</u>	·
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	,	Name	<u>Addres</u> s
1) X Change	VP		MAYUR S PATEL	2351 E MALL DRIVE
Add		- -		FORT MYERS, FL 33901
Remove			•	
2) X Change	VP		DAHI P HARKHANI	1500 HANDYS MDW
Add				SALISBURY, MD 21801
Remove			•	
3) Change		_		
Add				
Remove				
4) Change				
Add		. •		
Remove				
5) Change	<u> </u>		·	
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
,	
	
,	
-	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

NOVMBER 21, 2016	' ! if other than the
The date of each amendment(s) adoption:	SCORETARY DE FACE DIVISION OF CORPORATES
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	2016 DEC -2 PM 3: 53
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	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 amend by the shareholders was/were sufficient for approval.	dment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following 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 sha action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Dated 11/28/2016	
Signature	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
CHSNDRSJEET NAIK	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	