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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: UNIV I LIQUOR	INC.		-		
DOCUMENT NUM	1BER: P 16000085564			_		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	CHANDRAJEET NAIK					
		Name of Contact Person	n			
		Firm/ Company				
	7570 SIKA DEER WAY					
Address						
FORT MYERS, FL 33966						
		City/ State and Zip Cod	e			
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	ion concerning this matter, pleas	se call:	'	E 8:		
CHANDRAJEET N	IAIK	at (849-1163	- E	DEC 27	1
Name	e of Contact Person	Area Co	ode & Daytime Telephone Nu	mber 🏈 🏭	7	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		244	
\$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)		PH 12: 49	-vage -1

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UNIVILIQUOR INC.					
(Name of Corporation	on as currently f	iled with the Florida l	Dept. of State)	-	
P 16000085564					
(Docum	ent Number of C	orporation (if known)	•		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Fla</i>	orida Profit Corporatio	on adopts the fo	llowing amendme	ent(s) to
A. If amending name, enter the new name of the cor	rporation:				
				TI.	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	" "Inc," or "Co	". A professional cor			7
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			 		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	X)			maria	
	 /				وقاديها
	•				ا ا سین
				2	1
D. If amending the registered agent and/or registered	ed office address	s in Florida, enter the	name of the	30 2	
new registered agent and/or the new registered (office address:			্র ন	
Name of New Registered Agent				5	
	(Florida street	address)			
New Registered Office Address:			, Florida		
The Tree of the Table of the Ta	(Ci	(ty)	, 1 101144	(Zip Code)	
	,	••		,,	
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.		h and accept the obliga	utions of the nes	ition	
i norvey accept the appointment as registered agent. I	i am jamutar Will	i and accept the obliga	шонь ој те роз	111.77f.	
Signa	ature of New Regi	istered Agent, if changi	ัทย		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	PRITI ARVINDBHAI PATEL	11501 PLANTATION PRESERVE
Add			FORT MYERS FL 33966
X Remove			
2) Change	s	BINITA PATEL	11501 PLANTATION PRESERVE
X Add			FORT MYERS FL 33966
Remove			***
3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
D			

Attach additional sheets, if nece	ssary). (Be spec	change(s) here: ific)			
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f an amendment provides for provisions for implementing to (if not applicable, indicate	he amendment if	assification, or cannot contained in	ncellation of issu the amendment i	ued shares, tself:	
(у погарупсане, такие	wa,				
		-			

The date of each amondment(s) a	DECEMBER 20, 2016 doption:	if ather than the
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date with a partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ 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.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated/2/2	13/2016	
Signature	- mail	
(By a c selecte	lirector, 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 ted fiduciary by that fiduciary)	
	CHANDRAJEET NAIK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	122111