P1700037410

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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PICK-UP	☐ WAIT	MAIL
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	BLACK WOLF INDUSTRIES INC			
DOCUMENT NUMBER:	P17000037410			
The enclosed Articles of Amendm	nt and fee are submitted for filing.			
Please return all correspondence co	ncerning this matter to the following:			
	DENISE MORRILL			
LIQI	Name of Contact Person LIQUOR LICENSE PROFESSIONALS LLC			
Firm/ Company				
725 N MAGNOLIA AVE				
	Address ORLANDO FL 32803			
	City/ State and Zip Code			
	denise@liquorlicenseprofessional.com			
E-mail	address: (to be used for future annual report notification)			
For further information concerning	this matter, please call:			
DENISE MORRILL	904 377-7610			
Name of Contact P	rson Area Code & Daytime Telephone Number			
Enclosed is a check for the follow	g amount made payable to the Florida Department of State:			
_	5 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	on Amendment Section prations Division of Corporations Clifton Building			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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BLACK WO	LF INDUSTRIES INC	SEC TALL	是位于第 5	TAIL
(Name of	Corporation as currently fi	led with the Flori	da Dept. of Stat	e)WWA
P17000037	410			
	(Document Number of Co	orporation (if knov	vn)	-
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	orida Profit Corpo	ration adopts the	following amendment(s) to
A. If amending name, enter the new nam	e of the corporation:			
				The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp." "Inc," or "Co	A professional		
B. Enter new principal office address, if (Principal office address MUST BE A STR				
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF) D. If amending the registered agent and/new registered agent and/or the new regis	FICE BOX) or registered office address	s in Florida, enter	the name of the	
Name of New Registered Agent	STEPHEN M STON	IF FSO		
Nume of New Neglatered Agent	725 N MAGNOLIA			
_	(Florida street			
New Registered Office Address:	ORLANDO		, Florida	32803
	(Ĉi	ty)	, 1 1011da	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register		i and accept the ol	oligations of the p	position.

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: XChange	<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>	Address
1) Change			
Add			
Remove			
2) Change			
Add			•
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Char			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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15	and the state of t
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, under the not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u>.</u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	ı
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	u
"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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
OCTOBER 6, 2017	
Dated	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
STEVEN GAME	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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