P17000056292.

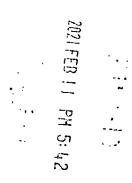
(Requestor's Name)
(Address)
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02/11/21--01020--012 **35.00

APR 0 1 2021 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: Old Liquors Inc				
	BER: P17000056282				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
		Name of Contact Person	1		
	Bart Laming				
		Firm/ Company			
	Old Liquors Inc				
		Address	_		
	10428 West State Road 84, u	nitl			
		City/ State and Zip Code	<u> </u>		
	Davie, Florida, 33324				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, plea	se call:			
Bart Laming		at (<u>954</u>	2617061		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fe	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address Innent Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Old Liquors Inc				
(Name of Corporation	on as currently filed with the Florida	Dept. of State)		
P17000056282				
(Docum	nent Number of Corporation (if known)			_
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Profit Corporati</i>	on adopts the followin	g amendmer	nt(s)
A. If amending name, enter the new name of the co	orporation:			
			The new	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A professional corporati		_ эп "Согр.,"	
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADD</u>	ORESS)		202	
		•	<u> </u>	
		•		
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		70	
			က်	• '
			և 2	
D. If we will make the day of the day	1.00 11 12 11 11	6.1		
D. If amending the registered agent and/or register new registered agent and/or the new registered.		e name of the		
Name of New Registered Agent				
Name of New Negwiered Agent			-	
	(Florida street address)		-	
	,			
New Registered Office Address:	(City)	, Florida /Zip 6	 Code)	
	•		,	
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered agent.	I am familiar with and accept the obliga	ations of the position.		
Signa	tture of New Registered Agent, if chang	ing	-	

Check if applicable

[☐] The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

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 = ChiefExecutive 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Kevin Robert D'Antonio	1623 Collins Ave Apt 414
X Add			Miami Beach, FL 33139
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<u></u>	
Add			
Remove			<u>-</u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sho	ng additional Art cets, if necessary).	(Be specific)	<u> </u>		
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				<u> </u>	
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	<u></u>				
f an amendment pr provisions for impl	ovides for an excl	iange, reclassific	ation, or cancell	ation of issued s	hares,
(if not applicable	le, indicate N/A)	nument it not co	mameu in the a	menument usen	<u>.</u>
					
	<u> </u>				
			_		
			· · ·		-
					
					

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	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
2/5/2021		
Dated		
Signature		
yky:	director, president officer - if directors or officers have not bee	n
	cton, by an incorporator – if in the hands of a receiver, trustee, or other content of fiduciary by that fiduciary)	ourt
· ·	BART LAMING	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	