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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations			
NAME OF CORPORATION:	AVON U	UINE AND L	-IQUOR INC
DOCUMENT NUMBER: P			
The enclosed Articles of Amenda	<i>nent</i> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
KIR	UDDINAN	BALASUBRA	
		Name of Contact Person	on
		Firm/ Company	
585	10 NW 119	DR	
	• • •	Address	
COR	AL SPRI	NGS FL 37	3076
		City/ State and Zip Co	de
ba	lacpace	hotmail. ca	o m
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For further information concerning		e call:	
K BALASUBRAM		at (954	856 3375
Name of Contact P	'erson	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made p	ayable to the Florida Dep	artment of State:
	75 Filing Fee & ficate 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		Street	Address

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

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

Articles of Amendment Articles of Incorporation

AVON WINE AND LIQUOR INC (Name of Corporation as currently filed with the Florida Dept. of State)

P19000004430

(Docur	ment Number of (Corporation (if known))			 _
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Fi</i>	orida Profit Corporal	tion adopts the	followi	ng amer	ndment(
A. If amending name, enter the new name of the co	orporation:					
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the). Inc or to	A protectional α	acorporated" orporation nar	or the c	The abbrevia contain	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>e:</u> DRESS)	<u> </u>		<u>-</u>	 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>)X</u>)			The same of the sa	2019 SEP	
				150	6 111 6	
D. If amending the registered agent and/or register new registered agent and/or the new registered of	red office address office address:	in Florida, enter the	e name of the	:	7-	
Name of New Registered Agent				_ _	_	
	(Florida street	address)			-	
New Registered Office Address:	(Cii	אין	, Florida_	(Zip (Code)	_
New Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I	istered Agent: I am familiar with	and accept the obliga	itions of the po	·		`
Signa	sture of Vm. Posit	damed to a second	·			

Signature of New 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, an 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 = Trustae: C = Chairman and Ch. L. CEO.
Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office hold. President Transport Princeton and the PTO.
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>РТ</u> <u>Joh</u> л I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
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Add			BARTOW, FL 33830
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
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Vamova			

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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 bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment of the approval.	nt(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment :
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	8/19/19	
$\mathcal{M}_{\mathcal{A}}$		
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	n urt
	SUSHEEL NALAKATH	
_	(Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	