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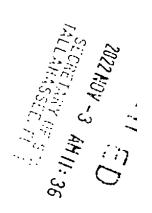
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Nuggs & Muggs Li ODATION:	quor, INC	
	P21000001987		
DOCUMENT NUM	IBER:	<u>-</u>	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Neil Patel		
		Name of Contact Person	1
	Patel & Associates		
	205 Waymont Court Suite 11	Firm/ Company Lake Mary, FL 32746	
	Lake Mary, FL 32746	Address	
		City/ State and Zip Code	:
	neil@neilpatelea.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Neil Pate!		386	837-4793
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:
S35 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

2022 NOV -3 of

Nuggs & Muggs Liquor, INC.	TAYSCAGE 3 AM.
(Name of Corporation as cur P21000001987	rrently filed with the Florida Dept. of State
(Document Nun	aber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation	o <u>n:</u>
	The nev
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation	m," "company," or "incorporated" or the abbreviation "Corp., o". A professional corporation name must contain the wor. P.A."
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)	
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	101 055.
Name of New Registered Agent	
- Chilan	ida street address)
·	,
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Albert I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
Signature of i	New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed 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, no 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; CEC Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer, 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. 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action	<u>Title</u>	<u>Name</u>	Address	
(Check One)	VP	Fadi Shala	3500 University Blvd #2711	
1) Change X			Jacksonville, FL 32277	
Add				
Remove	TR	Husam Salloum	13 Rolls Royce Court South	
2) Change			Palm Coast, FL 32164	
Add				
3) Remove Change	SEC	Wisam Mhessin	6653 Ector Place	
X Add			Jacksonville, FL 32211	
Remove				
4) Change				
Add	 -			
_				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
f an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
municione for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:, if other ate this document was signed.
ffective date if applicable:
(no more than 90 days after amendment file date)
Fote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ocument's effective date on the Department of State's records.
adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholde action was not required.
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.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature (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)
CHADI SAFAL (Typed or printed name of person signing) PESSIDENT. (Title of person signing)