P02000070776

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

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500180701235 10/15/10--01002--001 **52.50

FILED 2010 OCT 13 P 12: 23 SECRETARY OF STATE

Amend Newis 10-13-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CHARLYN RAINVILLE -ACQUISITIONS/WINE				
DOCUMENT NUMBER: \$\frac{10000}{20000}	10776			
The enclosed Articles of Amendment and fee are subr	nitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Charlyn Rain Name of	Contact Person			
<u>Acquisition</u>	S/Wine Cellar Inc.			
P.O. BOX 8	4-00 10 address			
Saint Augus	etine, FL 32080 e and Zip Code			
E-mail address; (so be used for future annual report notification)				
For further information concerning this matter, please	call:			
Charlyn Rainville 2 Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\times \text{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)			
Malling Address	tweet Address			

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

CHARLYN RAINVILLE

October 13, 2010

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

Re: Charlyn Rainville-Acquisitions/Wine Cellar Inc. #P02000070776

Dear Thelma Lewis,

Enclosed is the check in the amount of \$52.50 to cover the filling of the Amendment to my Corporation listed above. Thank you so much for taking care of this for me. I really appreciate your assistance in this matter and if you need any additional information, I can be reached via cell phone (904)377-4622 or email at charlynrainville@mac.com.

Best regards,

Charleyn Rainville

Office Address: 6 D Street, St. Augustine Fl 32080 Mailing Address: P.O. Box 840010, St. Augustine, FL 32080

CHARLYN RAINVILLE

October 12, 2010

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

Re: Charlyn Rainville-Acquisitions/Wine Cellar Inc. #P02000070776

Dear Thelma Lewis.

Enclosed is the Amendment to my Corporation listed above. We spoke this morning regarding the amendment to my corporation that I am trying to accomplish while I am in St. Augustine. I have to return to NYC where I am working on a project next Wednesday, Oct. 20th. I am hoping that you can modify the corporation on line so that these people can be added to my beer and wine license which must be completed prior to October 20th. The corporation amendment must be on line and visible prior to this being possible.

I really appreciate your assistance in this matter and if you need any additional information, I can be reached via cell phone (904)377-4622 or email at charlynrainville@mac.com.

Best regards,

Charley Admirella Charlyn Rainville

Office Address: 6 D Street, St. Augustine Fl 32080 Mailing Address: P.O. Box 840010, St. Augustine, FL 32080

Articles of Amendment

to

Articles of Incorporation

of

Charlyn Rainy (Name of Corporation as cur	rently filed with the Florida	tions/Wine Cellar, In
# PO 20000 (Document N	+0++Co umber of Corporation (if know	 n)
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		rida Profit Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	HASSEE TO The News
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	he designation "Corp," "Inc,'	or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		B Cordova Street Augustine
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		clup Rainville
(<u></u>	P.O.	Box 840010 Lyustine, FL 32080
D. If amending the registered agent and/o new registered agent and/or the new re		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ad	dress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered		d accept the obligations of the position.
_	Signature of New Registered	Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Agot Sec.	Eugenia Kepner	133 Morgan Ave. 5t. Augustine FL 32084	☑ Add □ Remove
991 Sec.	Jeffrey McNally	133 Harden Ave. 9t. Avgivetine FL 32084	Add Remove
1994 SEC.	Patricia Mclenore	19 Palmetto St. Augustine FL 32080	Add ☐ Remove
	ng or adding additional Articles, enter c litional sheets, if necessary). (Be specific		
	(2e speeg.		

provision	endment provides for an exchange, reclass for implementing the amendment if n		
(if not	t applicable, indicate N/A)		
		<u> </u>	
			, , ,

ı ne date oi each amendment(s	agoption:OC+	ober 12, 2010)
December data te amalianda.	(date of a	doption is required)	
Effective date <u>if applicable</u> :	no more than 90 days after	amendment file date)	
	to more than 50 days after	umenumem jue uuiej	
Adoption of Amendment(s)	(CHECK ONE)	•	
	·		
The amendment(s) was/were by the shareholders was/were		s. The number of votes cas	t for the amendment(s)
The amendment(s) was/were must be separately provided			
"The number of votes ca	st for the amendment(s) wa	s/were sufficient for approv	'al
by		,,,	
by	oting group)		
 The amendment(s) was/were action was not required. The amendment(s) was/were action was not required. 			
Dated Oc	tober 12, 2	010	
(By a selected		n the hands of a receiver, tr	
	Charlyn (Typed of printe	Rainville ed name of person signing)	
	Director	ino)	
	(Title of person sign	mig <i>)</i>	