LB00129786

(Re	equestor's Name)	,
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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S. YOUNG

COVER LETTER

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то:	Registration Sec Division of Corp					
CHEL		FAMILY BRANDS				
SUBJ	EC1;	Name of Lim	ited Liability Company	 		
The er	nclosed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
		JOSEPH D. MCMURDY				
			Name of Person			
		H, GOMEZ FAMILY BRA	ANDS			
			Firm/Company			
		10805 SIERRA VISTA PI	L.			
			Address		s	
		TAMPA, FL 33626			, 1 W	_
			City/State and Zip Code			^ .]
		JDMCMURDY@HOTMA			1 20	
		E-mail address: (to be used for future annual report notifica	tion)) - (1)	- J
For fu	erther information co	ncerning this matter, please co	all:		, ; çş	
JOSE	EPH D. MCMURDY		813 990 7311 at ()			
	Name of	Person	Area Code Daytime To	clephone Number		
Enclos	sed is a check for the	e following amount:				
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H. GOMEZ FAMILY BRANDS	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on and assigned
Florida document number L13000129786	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	pany here:
PLUS ULTRA WINE COMPANY	
The new name must be distinguishable and contain the words "Limited Liability Compa	my," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- 3 3
	13 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	·
B. If amending the registered agent and/or registered office address here:	fress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	 		
			☐ Remove
			☐ Change
			Add
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ffective date, if other than the d	ate of filing:	(optional) r more than 90 days after filing.) Pursuant to 605.0207
an effective date is listed, the date must be	e specific and cannot be prior to date of filing or	r more than 90 days after filing.) Pursuant to 605.0207 fling requirements, this date will not be listed as
ocument's effective date on the Dep		
e record specifies a delayed o	effective date, but not an effective	e time, at 12:01 a.m. on the earlier of
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The 90th day after the recor		
The 90th day after the recor	2015	
The 90th day after the recor	Junch to	
The 90th day after the recor	gnature of a member of authorized representat	tive of a member

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Filing Fee: \$25.00