

46000035903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

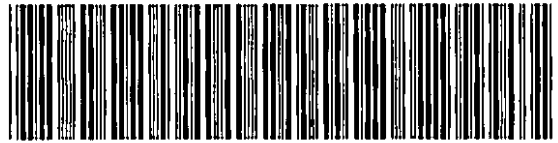
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wangform

Office Use Only



300316609443

08/08/18--01008--003 **35.00

FILED
18 AUG 23 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NS
AUG 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2018

MARISOL TRIANA
344 TARPON AVE, #2
FERNANDINA BEACH, FL 32034

SUBJECT: AMELIA ISLAND DOWNTOWN TASTING TOURS, LLC
Ref. Number: L16000035903

REC'D
2018 AUG 23 PM 1:34
DIVISION OF CORPORATIONS

We have received your document for AMELIA ISLAND DOWNTOWN TASTING TOURS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 118A00016953

en # 1007
previously
submitted.
Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amelia Island Downtown Tasting Tours LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marisol Triana
Name of Person

Amelia Island Downtown Tasting Tours LLC
Firm/Company

344 Tarpon Ave #2
Address

Fernandina Beach FL 32034
City/State and Zip Code

ameliaatastingtours@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisol Triana at 904 330 5746
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Amelia Island Downtown Tasting Tours LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/22/2016 and assigned Florida document number L16000035903

FILED
AUG 23 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

344 Tarpon Avenue

#2

Fernandina Beach FL 32031

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

344 Tarpon Avenue

#2

Fernandina Beach FL 32034

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Marisol Triana

New Registered Office Address:

344 Tarpon Ave #2

Enter Florida street address

Fernandina Beach, Florida 32031
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>	<u>Type of Action</u>
AMBR	Audrey DOLLAR	732 Tarpon Ave Apt A Fernandina Beach FL 32032-1	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

18
AUG 28
PM 5:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten "n/a" on a series of horizontal lines.

FILED
18 AUG 23 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/21/18

Handwritten signature of Marisol Triana
Signature of a member or authorized representative of a member

MARISOL TRIANA
Typed or printed name of signer