

L170000 41558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

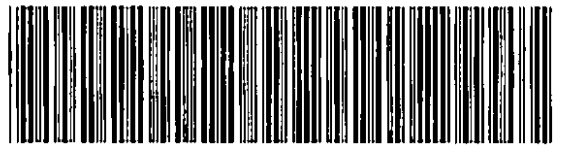
(Business Entity Name)

(Document Number)

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2020 OCT 19 AM 10:44  
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C. GOLDEN  
OCT - 3 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lazarus Wines and Spirits I.L.C  
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:

Lazarus Kaufman  
Name of Person  
Lazarus Wines and Spirits  
Firm/Company  
1000 Quayside Terrace, unit 407 411  
Address  
Miami, FL 33138  
City/State and Zip Code  
lazarus.kaufman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lazarus Kaufman 646 3277301  
Name of Person at (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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2020 MAR 19 AM 10:44

Lazarus Wines and Spirits 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 02/22/2017 and assigned  
Florida document number L17000041558.

This amendment is submitted to amend the following:

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

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:**

1000 Quayside Terrace

**(Principal office address MUST BE A STREET ADDRESS)**

unit ~~407~~ 477

Miami, FL 33138

**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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Type of Action</u>
AMBR	Louis Bernard	2008 Admirals Way	<input checked="" type="checkbox"/> Add
		Ft Lauderdale, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kenneth Klein	18851 NE 29th	<input checked="" type="checkbox"/> Add
		Aventura FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tricia Saad	500 East Las Olas Blvd	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mary Anne Richter	2100 So. Ocean Lane, unit 1701	<input checked="" type="checkbox"/> Add
		Ft Lauderdale FL 33138	<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

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

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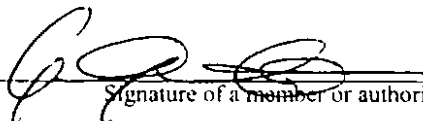
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**E. Effective date, if other than the date of filing:** 8/12/2020 **(optional)**  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** 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 August 12 2020

  
A handwritten signature in black ink, appearing to be 'Lazarus Seley Kaufman', is written over a horizontal line.

Signature of a member or authorized representative of a member

Lazarus Seley Kaufman

Typed or printed name of signee