

L070000067044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

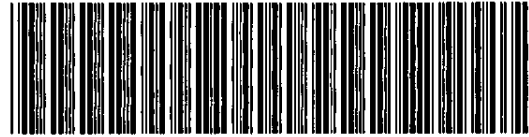
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FEB 14 2012

EXAMINER



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FILED  
12 FEB 13 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUZY B LIQUORS 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:

Susy Bogardus  
Name of Person

SUZY B LIQUORS LLC.  
Firm/Company

210 West Sugarland Hwy  
Address

Clewiston FL 33440.  
City/State and Zip Code

sbogardus@EMBARQMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susy Bogardus at (863) 228-5987  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

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

Susy B LIQUORS 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 06-26-07 and assigned Florida document number L07000067044

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 end with 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)

Susy Bogardus  
210 West SUGARLAND Hwy  
C/LEWISTON FL 33440.

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| Title | Name           | Address                                  | Type of Action   |
|-------|----------------|--|--|
| MGRM  | VICTOR L PEREZ | 415 West Obispo Av<br>Clewiston FL 33440 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR   | VICTOR PEREZ   | 754 MIDSTATE LOOP<br>Clewiston FL 33440  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated February 10, 2012.

Susy Bogardus

Signature of a member or authorized representative of a member

Susy BOGARDUS

Typed or printed name of signee