

LD7000075309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

(Document Number)

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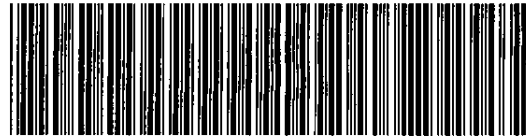
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DEC 27 2010

EXAMINER



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12/23/10--01006--001 \*\*25.00

FILED  
10 DEC 23 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Youngarmy Organic Wines 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:

Rolando Mendoza

Name of Person

Land Of Organic Wines LLC

Firm/Company

P.O Box 141654

Address

Coral Gables, Fl. 33134

City/State and Zip Code

rolandoan@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rolando Mendoza

Name of Person

at ( 305 )

496-0304

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) |
|--|--|--|--|

**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**

Youngarmy Organic Wines 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 7/23/2007 and assigned  
Florida document number L07000075309.

This amendment is submitted to amend the following:

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

Land Of Organic Wines LLC

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)**

7401 Wisteria Lane

Lake Wales, FL. 33898

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O Box 141654

Coral Gables, Fl. 33134

**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:

Rolando Mendoza

New Registered Office Address:

7401 Wisteria Lane

*Enter Florida street address*

Lake Wales

Florida

33898

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gabriel Mendoza	555 NE 15 ST Suite 403 Miami, FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rolando Mendoza	555 NE 15 ST Suite 403 Miami, FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rolando Mendoza	P.O Box 141654 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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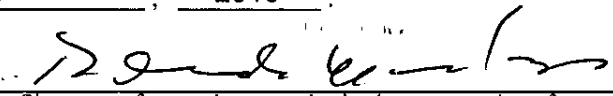


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Dated December 11, 2010

  
Signature of a member or authorized representative of a member

Rolando Mendoza

Typed or printed name of signee