

LO80000 23398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

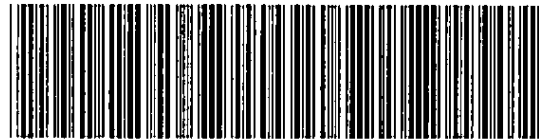
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



100337858571 ✓

12/16/19--01029--022 \*\*60.00

S TALLENT

JAN 30 2020

2020 JAN 30 PM 5:47

5:47 PM

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2020

SHOBHANA RAGOONANA  
JUPITER LIQUORS, LLC  
6689 WEST INDIANTOWN ROAD #47  
JUPITER, FL 33458

SUBJECT: JUPITER LIQUORS, LLC  
Ref. Number: L08000023398

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 020A00001370

2020 JAN 20 PM 12:13

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JUPITER 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:

SHOBHANA RAGOONANA

\_\_\_\_\_  
Name of Person

JUPITER LIQUORS, LLC

\_\_\_\_\_  
Firm/Company

6689 WEST INDIANTOWN ROAD #47

\_\_\_\_\_  
Address

JUPITER, FLORIDA 33458

\_\_\_\_\_  
City/State and Zip Code

SHOBIE1998@GMAIL.COM

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

For further information concerning this matter, please call:

BEMAL RAGOONANAN

561

427-3886

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 32304

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

JUPITER 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 12/13/2019 3/5/2008 and assigned  
Florida document number L08000023398

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:**

6689 WEST INDIANTOW ROAD #47

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

JUPITER, FLORIDA 33418

**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:

SHOBHANA RAGOONANAN

New Registered Office Address:

14620 BROKEN WING LANE

*Enter Florida street address*

WEST PALM BEACH

Florida 33418

*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**

[illegible]

[illegible]

12/13/2019

**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 DECEMBER 13TH 2019

Shobhana Ragooraman  
Signature of a member or authorized representative of a member

SHOBHANA RAGOONANAN

Typed or printed name of signee