

L08000025483

(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



000136670270

10/09/08--01015--020 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT -9 PM 12:53

J. BRYAN

OCT 10 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUENA CEPA 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:

LISA WEEKS

(Name of Person)

BUENA CEPA WINES

(Firm/Company)

8931 SW 160TH STREET

(Address)

MIAMI, FL 33157

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT -9 PM 12:53

For further information concerning this matter, please call:

LISA WEEKS

(Name of Person)

at (310) 621 2566

(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**

BUENA CEPA 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 3-11-08
Florida document number 108000025483

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
OCT-9 PM 12:53

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)

8931 SW 160TH STREET
MIAMI, FL
33157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8931 SW 160TH STREET
MIAMI, FL
33157

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
MANAGER	JOSEPH A. FOLEY	1037 BAYSHORE AVE. 4C BRIGANTINE, NJ 08203	☐ Add ☒ Remove
MANAGER	SEBASTIAN BUSTAMANTE	20903 DE LA GUERRA ST. WOODLAND HILLS, CA 91364	☐ Add ☒ Remove
MANAGER	LISA WEEKS	8502 GULANA AVENUE PLAYA DEL REY CA 90293	☐ Add ☒ Remove
		20903 DE LA GUERRA ST. WOODLAND HILLS, CA 91364	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated OCTOBER 2, 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT - 9 PM 12:53

Lisa G. Weeks
Signature of a member or authorized representative of a member
LISA WEEKS, CORPORATE SECRETARY
Typed or printed name of signee