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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 10 2009

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, LLC

Firm/Company

951 CRANDON BLVD. #559

Address

KEY BISCAIYNE FL 33149

City/State and Zip Code

Lweeks@buenacepawines.com

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

For further information concerning this matter, please call:

LISA WEEKS

Name of Person

at (310) 421 2566

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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 3/10/2008 and assigned Florida document number 108000025483.

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)

181 CRANDON BLVD. #301

KEY COLONY

KEY BISCAIYNE, FL 33149

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

951 CRANDON BLVD. #559

KEY BISCAIYNE, FL

33149

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

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TALLAHASSEE, FLORIDA

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	SEBASTIAN BUSTAMANTE	181 CRANDON BLVD. #301 KEY COLONY KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DOE FOLEY	1037 BAYSHORE AVE #4C BRIGANTINE NJ 08203	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LISA WEEKS	2880 PINE TREE DRIVE #2 MIAMI BEACH FL 33140	<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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated July 7, 2009

Lisa B. Weeks

Signature of a member or authorized representative of a member

LISA WEEKS

Typed or printed name of signee