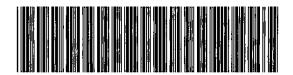
L08000102619

(Re	questor's Name)	
971)	questoi s maille)	
(<u>\</u>	dress)	
. (Ad	uiess)	
/A.1	J	
DA)	dress)	
(0)	(O) 1 (F) (D)	10
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
	g	
	٥	
Bush	<u> </u>	

Office Use Only



400258787584

04/15/14--01003--009 **55.00

14 HAR IS PH L: LL

T Summ APR 1.6 2014

COVER LETTER

TO:

Registration Section
Division of Corporations

Bottle Club LLC d/b/a Eyz Wide Shut II

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:

Joshua A. Harrow, Esq.

Name of Person

Bottle Club LLC d/b/a Eyz Wide Shut II

Firm/Company

412 East Madison Street, Suite 800

Address

Tampa, Florida 33602

City/State and Zip Code

jaharrow@gmail.com

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

For further information concerning this matter, please call:

Joshua Harrow

₃₁,813,223-7509

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 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**

(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Li Florida document number L08000102619	ability Company	y were filed on 11/3	/2008 and a	assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited lial	bility company here	:	
N/A				
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the des	ignation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applic	able:	N/A	AS I	**************************************
(Principal office address MUST BE A STREET ADDRESS)				= 11 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	Max (Max)	5 PH II D
B. If amending the registered agent and/registered agent and/or the new registered of	or registered (Þ	e of the nev
registered agent and/or the new registered of				
Name of New Registered Agent:	Susan J. Harrow			
New Registered Office Address:	8504 Adar	no Dr., Suite 150		
		Enter Florida	street address	
	Tampa		, Florida <u>33619</u>	
		City	Zip Cod	'e
New Registered Agent's Signature, if changing F	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alvaro Cardona	8504 Adamo Drive	🗆 Add
		Suite 150	Remove
		Tampa, Florida 33619	
MGR	Susan J. Harrow	8504 Adamo Drive	킨。■ Add
		Suite 150	Remove
		Tampa, Florida 33619	SSEE PR
SECT	Susan J. Harrow	8504 Adamo Drive	S Add
		Suite 150	בי. דל.⊡ ≱≽ ■ Remove
		Tampa, Florida 33619	
SECT	Jessica Sturgeon	105 US Highway 301 S	S. ■ Add
		Suite 110	□ Remove
		Tampa, Florida 33619	
			Add
			☐ Remove
			Add
			Remove

	(optional)	
te and cannot be m	nore than 90 days after	
representative of	a member	
8 of signae		
e di signee		
	ŕ	<u> </u>
-		e and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00