

L08000102619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

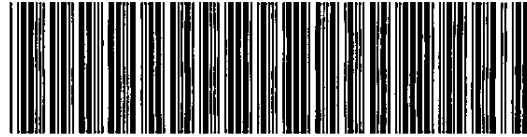
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **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

Name of Person

at **813 223-7509**

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Alvaro Cardona	8504 Adamo Drive	<input type="checkbox"/> Add
		Suite 150	<input checked="" type="checkbox"/> Remove
		Tampa, Florida 33619	
MGR	Susan J. Harrow	8504 Adamo Drive	<input checked="" type="checkbox"/> Add
		Suite 150	<input type="checkbox"/> Remove
		Tampa, Florida 33619	
SECT	Susan J. Harrow	8504 Adamo Drive	<input type="checkbox"/> Add
		Suite 150	<input checked="" type="checkbox"/> Remove
		Tampa, Florida 33619	
SECT	Jessica Sturgeon	105 US Highway 301 S.	<input checked="" type="checkbox"/> Add
		Suite 110	<input type="checkbox"/> Remove
		Tampa, Florida 33619	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-9-14

ALVARO CARDONA

Signature of a member or authorized representative of a member

ALVARO CARDONA

Typed or printed name of signee

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