L08000102419

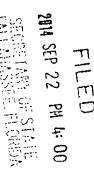
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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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 fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Harrow Bottle Club LLC d/b/a Eyz Wide Shut II Firm/Company 8504 Adamo Drive, Suite 150 Address Tampa, FL 33619 City/State and Zip Code sharrow6504@gmail.com

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

For further information concerning this matter, please call:

Susan Harrow	_{at} (813)	621-0045
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

FILED
2014 SEP 22 PH 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bottle Club LLC			
(Name of the Lim	ted Liability Com (A Florida Limited	pany as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited I lorida document number L08000102619	iability Compar	y were filed on 11/3/2008	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liz	bility company here:	,
N/A			
he new name must be distinguishable and end with the	words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)	····	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
	_		
B. If amending the registered agent and registered agent and/or the new registered of	•	· ·	enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		, Floric	da
		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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
SECT	Jessica Sturgeon	105 US Highway 301 Sc	outh _ Add
		Suite 110	■ Remove
		Tampa, FL 33619	
SECT	Susan Harrow_	8504 Adamo Drive	= Add
		Suite 150	Remove
		Tampa, FL 33619	
		·	
			Remove
		·	
			Add
			Remove
			<u> </u>
			Add
			Remove
			Add
			□ Remove

N/A	
	<u> </u>
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	
Sat 19 201	
Dated 56pt 18, 2014	
Dated Signature of a member or authorized repre	sentative of a member

Page 3 of 3

Filing Fee: \$25.00

