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EXAMINER



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03/20/09--01028--025 **25.00

09 MAR 20 PH 2: 20

SECRETARY OF LIGHT DIVISION OF COLF CLASSION

COVER LETTER

TO: Registration Se Division of Cor	porations	•	
SUBJECT:	Bird Bevera	ges LLC ted Liability Company)	
	Amendment and fee(s) are sub-	-	
Please return all correspo	ondence concerning this matter	to the following:	
		James Amstutz (Name of Person)	······································
		d Beverages LLC (Firm/Company)	
	3801	South Oceandrive 1.	5Ν
		//YWwd FC 33019 (City/State and Zip Code)	
For further information c	concerning this matter, please ca		
JAMES (Name	Amstitz of Person)	at (786) 973-4310 (Area Code & Daytime T	Celephone Number)
Enclosed is a check for the	he 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)

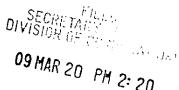
MAILING ADDRESS:

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



_			
Bird B	everages LLC		_
(Name of the Limited Liabilit (A Florida	y Company as it now appe	ars on our records.	
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	2/20/09	and assigned
Florida document number <u>L09000 18596</u>			
Piorida document humber	······••		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	ere:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	****		
(Principal office address MUST BE A STREET ADD	RESS)		
			····
Enter new mailing address, if applicable:		······································	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter t	he name of the new
registered agent and/or the new registered office ad-	uress nere:		
Name of New Position of Assets			
Name of New Registered Agent:			
New Registered Office Address:		77. 41	7
	(4	Enter Florida street add	aress)
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
MGRN	1 James Amst	J801 South Ocean drive ISN Hollywood, FC 37019	Add Remove	
			Add Remove	
			Add Remove	
D. If a	mending any other information,	enter change(s) here: (Attach additional sheets, if necess	ary.)	
Dated _	MARCH 18th			
	Signatyr	e of a member or authorized representative of a member		
		TAmes R. Amstutz Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00