

LD9000036748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

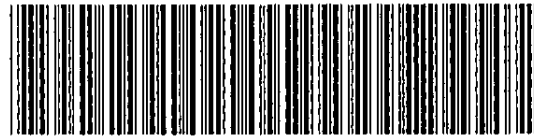
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NOV 30 2009

EXAMINER



100162520811

12/01/09--01001--001 **60.00

FILED
09 NOV 30 PM 2:25
TALLAHASSEE, FLORIDA
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 NOV 30 PM 2:19
NOT RETURNED
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SUFFICIENCY OF FILING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINEMAKERS CLUB 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:

MARTIN A ROBERTS
Name of Person

WINEMAKERS CLUB LLC
Firm/Company

2784-1 CAPITAL CIRCLE NE
Address

TALLAHASSEE FL 32308
City/State and Zip Code

WENDTAL @ ~~EDGE~~ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN ROBERTS at (850) 544-1346
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**

WINEMAKERS CLUB 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 4-16-09 and assigned
Florida document number 109000036748

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
NOV 30 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
P.O. Box 14495
TALLAHASSEE FL 32317-4495

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:

MARTIN A ROBERTS

New Registered Office Address:

Unit #1 2784 Capital Circle NE

Enter Florida street address

Tallahassee, Florida 32308
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.

Martin A Roberts
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>
MGR	MARTIN A ROBERTS	PO BOX 14495 TALLAHASSEE FL 32317-4495	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	STEVEN A ROBERTS	5653 BURNSTIDE CIRCLE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jodi M. Hall	#1 2784 Capital Circle Tallahassee FL 32308	<input type="checkbox"/> Add <input checked="" 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.)

Dated _____,

Signature of a member or authorized representative of a member

MARTIN A ROBERTS

Typed or printed name of signee