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T. HAMPTON

NOV 1 7 2009

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Tarabella Wine Dinners UC.		
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:		
Taralyn James Name of Person		
anner Hounder		
335 Cast Rose Ave		
City/State and Zip 2008 LSM 14h 5618 (At Ctc. Vr. Com E-mail address: (to be used for future assurtial report notification)		
For further information concerning this matter, please call:		
Name of Person at 380 837-3597 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\text{S55.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{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 Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Note: The state of	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on OOO and assigned ORPORATION STATE	
This amendment is submitted to amend the following:	TON TO THE	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Taralun James	
(Principal office address MUST BE A STREET ADDRESS)	335 LOST, ROSE AUC	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	335 COST ROSE AVE Orange City \$1 3276	
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: New Registered Office Address: 335	Lan James Cast Rose Ave Enter Florida street address	
Oray	MR , Florida 32765	

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 amentling 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> **Address Type of Action** Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Page 2 of 2

Filing Fee: \$25.00