

W09000079623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

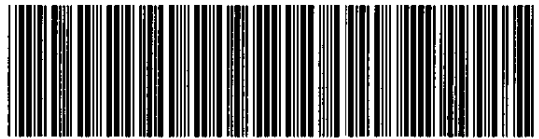
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

SEP - 9 2009

EXAMINER

BROOKS, PIERCE, McLENDON, HUMPHREY & LEONARD, L.L.P.

ATTORNEYS AND COUNSELLORS AT LAW

RALEIGH OFFICE

1800 WACHOVIA CAPITOL CENTER
150 FAYETTEVILLE STREET (27601)
POST OFFICE BOX 1800 (27602)
RALEIGH, NORTH CAROLINA

FOUNDED 1897

2000 RENAISSANCE PLAZA
230 NORTH ELM STREET (27401)
POST OFFICE BOX 28000

GREENSBORO, NORTH CAROLINA 27420

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TELEPHONE: (336) 373-8850

FACSIMILE: (336) 378-1001

WRITER'S DIRECT DIAL

September 4, 2009

Via Federal Express

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

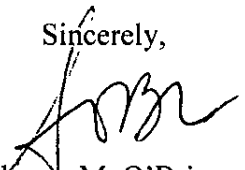
Re: Invino, LLC Articles of Amendment to Articles of Organization

Dear Sir or Madam:

Enclosed please find Articles of Amendment and a check in the amount of \$30. I would appreciate if you could file the Articles of Amendment and return a Certificate of Status to me at your earliest convenience. I have enclosed a stamped, self-addressed envelope.

If you have any questions do not hesitate to contact me.

Sincerely,


Sharon M. O'Brien
Paralegal

Enc.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Invino, 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:

Sharon O'Brien

Name of Person

Brooks Pierce McLendon Humphrey & Leonard

Firm/Company

P.O. Box 26000

Address

Greensboro, North Carolina 27420

City/State and Zip Code

sobrien@brookspierce.com

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

For further information concerning this matter, please call:

Sharon O'Brien

Name of Person

at (336)

232-4684

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Invino, 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 August 18, 2009 and assigned
Florida document number L09000079623.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

InVinoVini LLC

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)

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:

Enter Florida street address

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

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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:

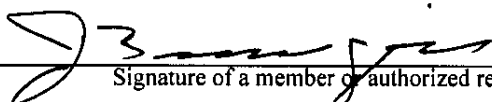
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input 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
			<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 September 4, 2009



Signature of a member or authorized representative of a member

Jim Brannigan

Typed or printed name of signee

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