

L100000019670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

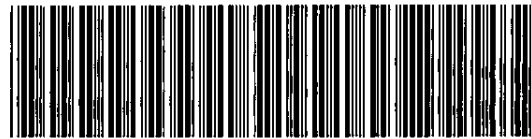
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS
SEP -7 2011
EXAMINER

Office Use Only



400211672064

09/02/11--01025--021 **30.00

SECRETARY OF STATE
TREASURY OF FLORIDA

11 SEP -2 AM 10:29

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORK & OLIVE WINE BAR & CAFE, 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:

JANE STUDSTILL

Name of Person

CORK & OLIVE WINE BAR & CAFE LLC

Firm/Company

1418 MISTY GLEN LANE

Address

BRANDON, FL. 33510

City/State and Zip Code

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

For further information concerning this matter, please call:

JANE STUDSTILL

Name of Person

at (**813**) **394-1180**

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**

CORK & OLIVE WINE BAR & CAFE 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 02/22/2010 and assigned
Florida document number L10000019670.

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)

1418 MISTY GLEN LANE

BRANDON FL. 33510

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1418 MISTY GLEN LANE

BRANDON FL. 33510

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:

JANE STUDSTILL

New Registered Office Address:

1418 MISTY GLEN LANE

Enter Florida street address

BRANDON

City

Florida

33510

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.

[Signature]
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>
MGRM	JANE STUDSTILL	1418 MISTEY GLEN LANE BRANDON FL 33510	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DOUGLAS NELSON	5112 TARI STREAM WAY BRANDON FL 33511	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HENRY J FOCHT	2724 VALENCIA GROVE DR VAL RICO FL 33597	<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

JANE STUDSTILL

Typed or printed name of signee