

# L10 000055061

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

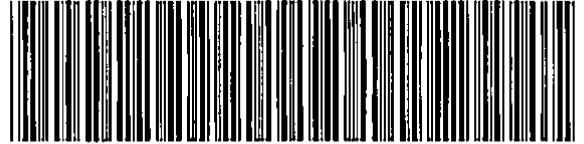
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Five Points Liquor and Wine, 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:

Angela J. Jones, Esquire

\_\_\_\_\_  
Name of Person

Locklin, Saba, Locklin & Jones, P.A.

\_\_\_\_\_  
Firm/Company

4557 Chumuckla Highway

\_\_\_\_\_  
Address

Pace, FL 32571

\_\_\_\_\_  
City/State and Zip Code

ajjones@ljslawfirm.com

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

For further information concerning this matter, please call:

Angela J. Jones

850

995-1102

at ( )

\_\_\_\_\_  
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**

Five Points Liquor and Wine, 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 May 21, 2010 and assigned Florida document number L10000055061.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5410 Highway 90

(Principal office address MUST BE A STREET ADDRESS)

Pace, FL 32571

Enter new mailing address, if applicable:

5410 Highway 90

(Mailing address MAY BE A POST OFFICE BOX)

Pace, FL 32571

**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:

Charles Andrew Leach

New Registered Office Address:

5410 Highway 90

*Enter Florida street address*

Pace

City

Florida 32571

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Parker, Timothy E.	4960 Highway 90	<input type="checkbox"/> Add
		Suite 122	<input checked="" type="checkbox"/> Remove
		Pace, FL 32571	<input type="checkbox"/> Change
AMBR	Parker, Caryn K.	4960 Highway 90	<input type="checkbox"/> Add
		Suite 122	<input checked="" type="checkbox"/> Remove
		Pace, FL 32571	<input type="checkbox"/> Change
AMBR	Leach, Charles Andrew	5410 Highway 90	<input checked="" type="checkbox"/> Add
		Pace, FL 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7/1, 2019

Typed or printed name of signee