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(Requestor's Name)
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(Document Number)
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JUL 27 2010

EXAMINER

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EFF JUL ZO PMIZ: 85
SEGRETARY OF STATE
FALLAHASSEE, FLORID!

COVER LETTER

10:	Division of Co			
, SUBJE	CT:	Add Bevera	ges Services, LLC	
2020			ed Liability Company	· ····
The end	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please r	return all corresp	ondence concerning this matter	to the following:	
÷	Renee Adatto			
			Name of Person	
		Add.E	Beverages Services, LLC	\$\bar{\bar{\bar{\bar{\bar{\bar{\bar{
•			Firm/Company	
		JUL 26 CRETARY AHASSE		
		···	Address	26 SSE
			Aventura, FL 33180	PA PA
	•		City/State and Zip Code	PHI2: 05
		Garage (anadatto@gmail.com o be used for future annual report notification)	5
For furt	her information	concerning this matter, please c	•	
	R	tenee Adatto	at (305) 336-4701	
Name of Person		of Person	Area Code & Daytime Telephone N	ımber
Enclose	ed is a check for	the following amount:		
\$25.	.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Cer	0 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Add B	<u>everages Services, LL</u>	.C	
(Name of the Limited Lia (A Flo	bility Company as it now appea orida Limited Liability Company)	rs on our records.	_
The Articles of Organization for this Limited Liabi	lity Company were filed on	07/01/2010	and assigned
Florida document number L1000006988	9	•	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	re:	
Add I	Beverage Services, LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable	e: ·		AR C
(Principal office address MUST BE A STREET A	DDRESS)		A 2 -
•	<u> </u>		SELL SELL
			1
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		÷ 65
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	1,		· ;
	E	nter Florida street ada	dress
_		, 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

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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
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			☐Add
D. Ifamen	ding any other information	, enter change(s) here: (Attach additional sh	neets, if necessary), SAR 26
			FLS R. D
			V /8
Dated	07/21		·············
		Rener J. de adath) .
	Signatu	re of a member or authorized representative of a	memoer
		Renee Adatto Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00