

L10000070654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

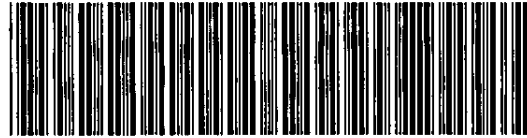
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800265530918

10/20/14--01016--016 **25.00

FILED
14 OCT 20 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 24 2014

2/2
1/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yellow River Vineyards, 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:

Henry A. Kelley, Jr.

Name of Person

Firm/Company

21 Walter Martin Road NE #82

Address

Fort Walton Beach, FL 32549

City/State and Zip Code

henry.kelley@cobaltblueinc.com

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

For further information concerning this matter, please call:

Henry Kelley

Name of Person

at (850) 371-0089

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**

Yellow River Vineyards, 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 07/02/2010 and assigned Florida document number L10000070654.

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:

622 West Pine Street

(Principal office address MUST BE A STREET ADDRESS)

Mary Esther, FL 32569

Enter new mailing address, if applicable:

21 Walter Martin Road NE #82

(Mailing address MAY BE A POST OFFICE BOX)

Fort Walton Beach, FL 32549

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:

Nathan D. Boyles, P.A.

New Registered Office Address:

204 North Main Street

Enter Florida street address

Crestview

City

, Florida

32536

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.

Nathan D. Boyles, for the firm
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Henry A. Kelley, Jr.	622 West Pine Street	<input checked="" type="checkbox"/> Add
		Mary Esther, FL 32569	<input type="checkbox"/> Remove
MGRM	Crystal M. Boyles	4385 Wilkerson Bluff Rd.	<input type="checkbox"/> Add
		Holt, FL 32564	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
14 OCT 20 PM 5:56
SECRETARY OF FAIR
TRADE PRACTICES
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: November 01, 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 14, 2014



Signature of a member or authorized representative of a member

Henry A. Kelley, Jr.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 20 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA