

L10000085894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

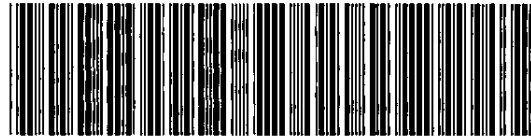
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
10 SEP 30 AM 11:35

N. Culligan OCT - 1 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAPLE LEAF SPIRITS, 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:

Marc I. Solomon

Name of Person

Marc I. Solomon, P.A.

Firm/Company

1160 S. Rogers Circle, Suite 2

Address

Boca Raton, Florida 33487

City/State and Zip Code

darmulv@yahoo.com

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

For further information concerning this matter, please call:

Marc I. Solomon

Name of Person

at (**561**)

999-8960

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 SEP 30 AM 11:35

Maple Leaf Spirits, 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 16, 2010 and assigned
Florida document number L10000085894.

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:

101 North US Highway A1A

(Principal office address MUST BE A STREET ADDRESS)

Flagler Beach, Florida 32136

Enter new mailing address, if applicable:

101 North US Highway A1A

(Mailing address MAY BE A POST OFFICE BOX)

Flagler Beach, Florida 32136

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

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

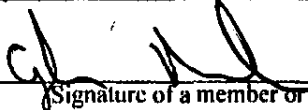
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dan Mulvenna	230 PALM COAST PARKWAY PALM COAST FL 32137 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Maple Spirits, Inc.	101 North US Highway A1A Flagler Beach, Florida 32136	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)

Please correct the address for Glenn Mulvenna, MGRM. Correct address:

101 North US Highway A1A, Flagler Beach, FL 32136

Dated Sept 10-10, 2010


Signature of a member or authorized representative of a member

Glenn Mulvenna

Typed or printed name of signer

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