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FALLAHASSEE, FLORID,

D. BRUCE

FEB 09 2011

EXAMINER

COVER LETTER

TO:

то:	Registration So Division of Cou		,			
SUBJE	ECT:		ean Wine, LLC			
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please	return all correspo	ondence concerning this matter	r to the following:			
<u> </u>		Thomas C. Saunders		-		
			Name of Person			
		;	Saunders Law Group		_	
			Firm/Company			
		1	Post Office Box 1279			
•		 · . · 	Address		_	
		Rarl	ow, Florida 33831-1279		AS =	
			City/State and Zip Code		- E8 2	
		mar	cie@saunders-law.com		EB-	
		E-mail address: (to be used for future annual report no	tification)	RY C	
For fur	ther information c	oncerning this matter, please of	eall:		OF S	
	Thoma	as C. Saunders	at (863)	533-6200	II: 01 STATE LORID	O
	Name o	f Person	Area Code & Dayt	ime Telephone Numbe	er	
Enclose	ed is a check for th	ne following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certifie	ate of Status &	sed)
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive G Tallahassee, FL	orations		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Ocear	n Wine, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appear: Liability Company)	s on our records.)		
(**************************************				
The Articles of Organization for this Limited Liability Compan	y were filed on	8/9/2010	and assigned	
Florida document numberL10000087311				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here	:		
			·	
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Compar	ny," the designation "	LLC" or the abbreviation	
L.L.C.			D _C	
Enter new principal offices address, if applicable:			FC =	
(Principal office address MUST BE A STREET ADDRESS)			ER BY	
			SAR -8	
		j.		
Enter new mailing address, if applicable:			S	
(Mailing address MAY BE A POST OFFICE BOX)		X D	O.	
		,		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ur records, <u>enter</u>	the name of the ne	
registered agent and/or the new registered office address he	<u>re</u> .			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	F		1	
	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

ju; :

(beli

11

MGRM = Managing Member Type of Action <u>Address</u> Title Name MGR Francesca Andreoni 1942 East Edgewood Drive --Lakeland, Florida 33803 Add Remove Thomas C. Saunders MGR 480 South Broadway Avenue Remove Bartow Florida 33830 Add Remove ☐ Add ☐ Remove **□** Add RemoveAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of almember or authorized representative of a member Cristian Milani Typed or printed name of signee

Page 2 of 2 "

Filing Fee: \$25.00