

L10000099667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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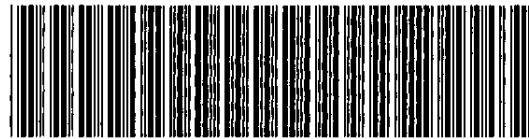
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 2 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEVERAGE ADVISORS GROUP, 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:

ERIN COHEN

Name of Person

EMH CAPITAL GROUP

Firm/Company

8751 W. BROWARD BLVD. SUITE 305

Address

PLANTATION, FLORIDA 33324

City/State and Zip Code

ecohen@jaac.com

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

For further information concerning this matter, please call:

ERIN COHEN

Name of Person

at (954)

472-0088

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

BEVERAGE ADVISORS GROUP, 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 SEPTEMBER 23, 2010 and assigned Florida document number L10000099667.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FOOD & BEVERAGE ADVISORS GROUP, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

8751 W. Broward Blvd.

Suite 305

Plantation, Florida 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8751 W. Broward Blvd.

Suite 305

Plantation, Florida 33324

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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:

Erin Cohen

New Registered Office Address:

8751 W. Broward Blvd. Suite 305

Enter Florida street address

Plantation

, Florida

33324

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.

[Signature]
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	THOMAS LAROSE	6051 NORTH OCEAN DRIVE, APT 106 HOLLYWOOD, FL 33019 U.S.	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ERIN COHEN	8751 W. BROWARD BLVD. SUITE 305 PLANTATION, FL 33324	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

PERCENTAGE OF OWNERSHIP:

COHEN FAMILY LIMITED OWNERSHIP: 90%

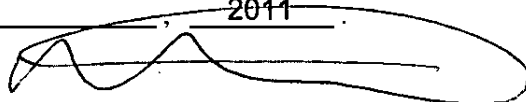
JOHN HABEEB: 10%

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated July 28, 2011



Signature of a member or authorized representative of a member

Erin Cohen

Typed or printed name of signee