

40000 107859

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2019 MAR 11 AM 10:46  
RECEIVED  
CLERK OF COURT  
CLERK OF COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Azure Bottling 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:

Taryn Hartnett

Name of Person

Chapman Law Group, PLC

Firm/Company

12008 South Shore Blvd., Ste 105

Address

Wellington, FL 33414

City/State and Zip Code

tel: @chapmanlawgroup.net

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

For further information concerning this matter, please call:

Taryn Hartnett

Name of Person

at ( 561 )

Area Code

753-5996

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

2018 MAR 11 AM 10:46  
TALLAHASSEE, FL 32301  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Azure Bottling LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2010 MAR 11 AM 10:46  
FILED  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/15/2010 and assigned  
Florida document number L10000107859.

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 contain 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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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:

Avery S. Chapman

New Registered Office Address:

12008 South Shore Blvd., Ste 105

*Enter Florida street address*

Wellington

Florida

33414

*City*

*Zip Code*

**(I, the undersigned, 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.)**

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>MGR</u>	<u>Ally L. Liu</u>	<u>1903 Greenleaf Ln.</u>	<input type="checkbox"/> Add
		<u>Leesburg, FL 34748</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Robert Prann</u>	<u>1903 Greenleaf Ln.</u>	<input checked="" type="checkbox"/> Add
		<u>Leesburg, FL 34748</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Ally L. Liu</u>	<u>1903 Greenleaf Ln.</u>	<input type="checkbox"/> Add
		<u>Leesburg, FL 34748</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Harry D. Stewart</u>	<u>1903 Greenleaf Ln.</u>	<input type="checkbox"/> Add
		<u>Leesburg, FL 34748</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

[illegible]

Signature of a member or authorized representative of a member

Typed or printed name of signee