

211000020424

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : UPCHURCH, BAILEY & UPCHURCH, P.A.  
Account Number : 075350000207  
Phone : (904) 829-9066  
Fax Number : (904) 825-4862

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ST. AUGUSTINE DISTILLERY COMPANY, LLC

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NOV -7 2013

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Corporate Filing Menu

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: St. Augustine Distillery Company, 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:

Donald W. Wallis

Name of Person

Upchurch, Bailey and Upchurch, P.A.

Firm/Company

780 North Ponce de Leon Blvd.

Address

St. Augustine, Florida 32084

City/State and Zip Code

dwallis@ubulaw.com

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

For further information concerning this matter, please call:

Lori Aldrich

Name of Person

904 829-9066

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
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☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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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

FILED  
2013 NOV -6 PM 1:58  
TALLAHASSEE FLORIDA

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

St. Augustine Distillery Company, 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 02/17/2011 and assigned  
Florida document number L11000020424.

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:

(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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

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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>
MGR	Michael K. Diaz	1490 Selva Marina Drive	<input checked="" type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

11/06/2013 . 13:41 Lori

(FAX)

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

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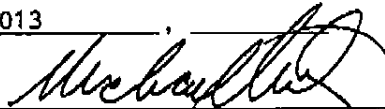
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Dated November 6, 2013,



Signature of a member or authorized representative of a member

Michael K. Diaz

Typed or printed name of signee

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Filing Fee: \$25.00

FILED  
2013 MAY -6 PM 12:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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