

L11000047694

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 18 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: It's All in The Genes, 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:

Petergaye A. Bull, owner
Name of Person

It's All in The Genes, LLC
Firm/Company

P O Box 1596
Address

Apopka, FL 32704 - 01596
City/State and Zip Code

Getwines@Live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helena Bull at (516) 209 3837
Name of Person Area Code & Daytime Telephone Number

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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**

it's All In The Genes, 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 Apr 18²¹, 2011 and assigned Florida document number L11000047694.

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 "LLC."

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)

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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:

OK - Yes Amending Agent: SORRY - NOT Amending Agent

Name of New Registered Agent:

Petergays H. Bull

New Registered Office Address:

88 JASON Drive P.O. Box 1596

Enter Florida street address

FL 32704

APOPKA APOPKA, Florida FL 32712

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.

P. Helena Bull
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	Petergaye H Bull	86 Justin Drive PO Box 1596 Apopka FL 32704-01596	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Edward G Munro	6620 Canterlea Dr Orlando FL 32818	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Petergaye H Bull	86 Justin Drive P.O. Box 1596 Apopka, FL 32704-01596	<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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated August 11, 2011.

Petergaye Helena Bull
Signature of a member or authorized representative of a member

Petergaye Helena Bull
Typed or printed name of signee