

06/28/2011 13:55

Division of Corporations

(FAX)

P001/004

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C11000070804

Florida Department of State
Division of Corporations
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Account Number : I20040000167
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Email Address: ljacobson@pbyalaw.com

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WHITE OAK SPIRITS, LLC

Certificate of Status	0
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JUN 29 2011

EXAMINER

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TALLAHASSEE, FLORIDA

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06/28/2011 13:56

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P.002/004

411000169636 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHITE OAK SPIRITS, 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:

Laura Jacobson, Esq.

Name of Person

Perfman, Bajandas, Yevoli & Albright, P.L.

Firm/Company

200 S. Andrews Ave., Ste. 600

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

ljacobson@pbyalaw.com

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

For further information concerning this matter, please call:

Laura Jacobson

at (954)

566-7117

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 &
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(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

411000169636 3

411000169636 3
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

WHITE OAK SPIRITS, 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 06/17/2011 and assigned
 Florida document number L11000070804

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)

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

411000169636 3

411000169636 3

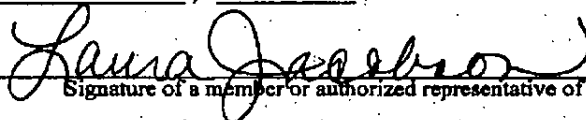
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Philippe Hoerle	6000 Collins Avenue Miami Beach, FL 33140	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated June 28, 2011



Signature of a member or authorized representative of a member

Laura Jacobson, Authorized Representative

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

411000169636 3

2011 JUN 28 AM 6:17
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