11000077/33

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(Address)					
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SECRETARY OF STATE

J. BRYAN

SEP 2 0 2011

EXAMINER

COVER LETTER

TO: Registratio Division of	on Section Corporations		*
SUBJECT:	Beverage Lav	v Professionals, LLC	
30B0EC1		ted Liability Company	
	es of Amendment and fee(s) are sub		,
Please return all corr	respondence concerning this matter	to the following:	,
		Leila Allen Name of Person	
		Name of Follows	SEP 19 PH 1:13
		Firm/Company	
11275 US Hwy 98 Ste. 6-249			
		Address	7
		Destin, FL 32550	
		City/State and Zip Code	
	inf	o@beverage-law.com	
	E-mail address: (to be used for future annual report noti	fication)
For further informati	ion concerning this matter, please of	eall:	
	Leila Allen	at (_850)	837-9954
Na	ame of Person	Area Code & Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fed	e \$\sumsymbol{\sumsymbol{\sumsymbol{\subsymbol{\sin}\sin\symbol{\sin\symbol{\sin\symbol{\sin\symbol{\sin\sin\symbol{\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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	Law Professionals,	LLC	
(<u>Name of the Limited Liab</u> (A Flor	illity Company as it now appea ida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	ty Company were filed on	07/05/2011	and assigned
Florida document number L11000077133	<u>}</u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AL	ODRESS)		
			The second
			題とア
Enter new mailing address, if applicable:			<u>00.50</u> M
<u>Mailing address MAY BE A POST OFFICE BOX</u>			mo 3 0
			70
		_	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter 1	the name of the nev
egistered agent and/or the new registered office,	address here.		
Name of New Registered Agent:			
New Registered Office Address:			
	Eı	nter Florida street ada	lress
<u> </u>		, Florida	
_	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.

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 **Type of Action Address Title** Name MGRM Holly D Schaefer 11275 US Hwy 98 Ste. 6-249 Destin, FL 32550 ☐ Add ✓ Remove Leila Allen ✓ Add
☐ Remove MGRM 11275 US Hwy 98 Ste. 6-249 Destin FL 32550 _ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 4 2011 Dated ___ Signature of a member or authorized representative of a member Leila Allen Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00