

L11000077/33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400212033734

09/19/11--01022--005 **25.00

FILED
14 SEP 19 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 20 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Beverage Law Professionals, 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:

Leila Allen

Name of Person

Beverage Law Professionals, LLC

Firm/Company

11275 US Hwy 98 Ste. 6-249

Address

Destin, FL 32550

City/State and Zip Code

info@beverage-law.com

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

FILED
11 SEP 19 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Leila Allen

Name of Person

at (850)

837-9954

Area Code & 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

Beverage Law Professionals, LLC

(A Florida Limited Liability Company)

Page 1 of 2

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	Holly D Schaefer	11275 US Hwy 98 Ste. 6-249 Destin, FL 32550	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Leila Allen	11275 US Hwy 98 Ste. 6-249 Destin, FL 32550	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 4, 2011.


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

FILED
SEP 19 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA