112000042743

(Re	questor's Name)	
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	dress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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S. YOUNG

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COVER LETTER

TO: Registration Se Division of Cor			
CORI SUBJECT:	KS MOBILE BAR SERVICE I	LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	initted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DONNA HOLMES		
	CORKS BOTTLES AN	Name of Person D BITES	
	525 HARRISON AVE	Firm/Company	
	PANAMA CITY, FL 32	Address 401	
	AFTERHOURSWINEBAR		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
DONNA HOLMES		850 625-8297	
Name o	f Person		e Telephone Number
Enclosed is a check for t	he 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

CORKS MOBILE BAR SERVICE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number $\frac{112000042743}{2000042743}$	were filed on <u>03/25/2012</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CORKS BOTTLES AND BITES LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	525 HARRISON AVE	
(Principal office address MUST BE A STREET ADDRESS)	PANAMA CITY, FL 32401	- 6
Enter new mailing address, if applicable:		FB 15
Mailing address MAY BE A POST OFFICE BOX)		다. Si - B 의
		*** *** ***
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		he name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addec or removed from our records:

MGR = Mar AMBR = Aut	nager thorized Member		
Title	Name	Address	Type of Action
			Add
		·	Remove
			Change
			🗆 Add
			Change
			🗆 Add
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		 _□ Change
		 _D Add
		_□ Remove
		 _□ Change

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	<u> </u>
(If an e Note	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Date	FEBRUARY 13 2019
Date	

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Typed or printed name of signee

Filing Fee: \$25.00