## L12000049747

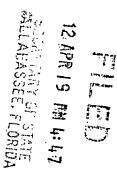
(Requestor's Name)				
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D. BRUCE

APR 20 2012

**EXAMINER** 

## **COVER LETTER**

Division of Co	orporations'			4 **		* **
SUBJECT:	Wine Loun	ige Concepts, LLC				
SUBJECT:		ited Liability Company		-		
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	condence concerning this matte	r to the following:				
		Fraser Burns				
		Name of Person				
	Win	e Lounge Concepts, LL	С			
		Firm/Company		_		
	489	9 Belfort Road, Suite 40	00			
		Address		_		
	J	acksonville, FL 32256				
	City/State and Zip Code				<u>22</u>	
		ourns@ocenture.com to be used for future annual report	notification)	- <del>2</del>	(C. )	
For further information	concerning this matter, please	•	inouncationy	ASSEE,	) 19 FM	
F	raser Burns	at ( 904 )	994-9100		#: -	
Name	of Person		aytime Telephone Numb	ber DA	7.47	
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 enc	Certific losed) Certific	Filing Fee, cate of Sta led Copy onal copy	atus &	
	LING ADDRESS:	STREET/CO	OURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Wine Lounge Concept				
( <u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Co	w appears on our recommpany)	rds.)		
he Articles of Organization for this Limited Liability Company were filed on		12 and assigned		
Florida document numberL12000049747				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability comp	oany here:			
The new name must be distinguishable and end with the words "Limited Liabilit" L.L.C."	y Company," the design	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		77		
		CO CO CONTRACTOR CONTR		
Enter new mailing address, if applicable:		(A)		
(Mailing address MAY BE A POST OFFICE BOX)				
		93		
		0A 7		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records,	enter the name of the new		
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 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 **Title Address Type of Action** <u>Name</u> MGR **Buckhead Equities, LLC** 5139 Edgewood Court ☐ Add Jacksonville, FL 32254 ✓ Remove MGR Jacques Klempf 5139 Edgewood Court **₽** Add Jacksonville, FL 32254 Remove ☐ Add Remove Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 17 2012 Dated Signature of a member or authorized representative of a member Fraser Burns

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00