## L12-00012-1703

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SEGRETARY OF STATE TALLAHASSEE, FLORINGS

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## **COVER LETTER**

TO: Registration So Division of Con				
SUBJECT:	Ar1e4 & 51	WINE LLC		
SUBJECT:	Name of Lin	wited Liability Company		
	Amendment and fee(s) are sub	-		
ricase return an correspe	matter concerning this matter	to the following.		
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		Name of Person		
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	E-mail address: (	to be used for future annual report notif	fication)	••
For further information c	oncerning this matter, please c	all:	ह्या <del>ति</del> *	6
70-606	RAMOS	at 205 498-	-5046	
Name o	<del></del>		e Telephone Number	
Enclosed is a check for the	ne 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 enclose	

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

lability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on  $\frac{12-26-13}{2}$ Florida document number \_\_\_\_\_\_ 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 "L.L.C." 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 mame 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 , Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
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E. Effective date	e if other (	han the dat	e of filing:		<del>.</del>		ı	(optional)		
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Filing Fee: \$25.00