

L14000066777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

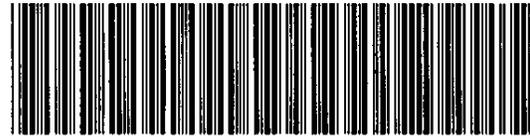
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200262641412

08/01/14--01017--003 **25.00

RECEIVED
14 AUG - 1 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lynde Beverage Services

17103 SE 110th Court Rd

Summerfield Fl 34491

Tel: 330 502 9909

Email: lyndebeverage@yahoo.com

Please find enclosed amendment documents to be filed.

Thank you

Sherre Lynn Rohrbaugh

President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LYNDE BEVERAGE SERVICES
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:

SHERRE LYNN ROHRBAUGH

Name of Person

LYNDE BEVERAGE SERVICES

Firm/Company

10914 SE 171 St Rd

Address

SUMMERFIELD FL 34491

City/State and Zip Code

lyndebeverage@yahoo.com

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

For further information concerning this matter, please call:

SHERRE ROHRBAUGH

Name of Person

at **(330) 5029909**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LYNDE BEVERAGE SERVICES

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 21 2014 and assigned Florida document number L14000066777.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lynde Beverage Services LLC

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)

10914 SE 171 St Rd
Summerfield Fl 34491

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10914 SE 171 St Rd
Summerfield Fl 34491

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sherre Lynn Rohrbaugh

New Registered Office Address:

17103 SE 110th Court Rd

Enter Florida street address

Summerfield

City

Florida

34491

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.

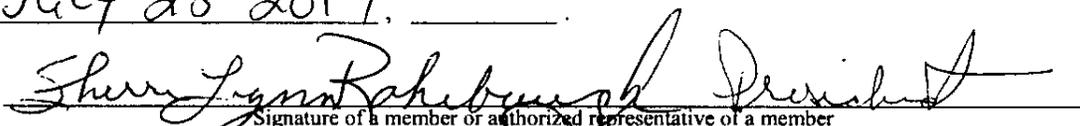
Sherre Lynn Rohrbaugh Pres.
If Changing Registered Agent, Signature of New Registered Agent

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 28 2014, _____.


Signature of a member or authorized representative of a member

Sherre Lynn Rohrbaugh
Typed or printed name of signee

16 JUN -1 AM 10:11
STATE OF FLORIDA
DEPARTMENT OF STATE