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COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	ROCK BO	TTOM BOTTLES, LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		ERIK J. ARROYO, ESQ			
			Name of Person		
		BAND, GATES & DRAM	IIS, P.L.		
			Firm/Company		
		2070 RINGLING BLVD.			
			Address		
		SARASOTA, FLORIDA	34237		
		EARROYO@BANDGATE	City/State and Zip Code ESDRAMIS.COM		
		E-mail address: (t	to be used for future annual r	eport notification)	
For further in	iformation ed	oncerning this matter, please ca	all:		2 91
ERIK ARRO	OYO		941 366 at ()	6-8010	=
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for th	e following amount:			<u>ت</u> ج
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat osed) Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

ROCK BOTTOM BOTTLES, LLC

company has been notified in writing of this change.

(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 <u>07</u>	7/23/2014	and assigned
Florida document number L14000116222			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the c	lesignation "LLC" or the abbre	eviation "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 off registered agent and/or the new registered office address here		n our records, <u>enter th</u>	e name of the nev
			173
Name of New Registered Agent:			,
New Registered Office Address:			22 1
	Enter Flor	rida street address	U J
	_ _	Florida	ජූ — -2 ————
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa- being filed to merely reflect a change in the registered office of	performance of rovided for in C	my duties, and I am fan Chapter 605, F.S. Or, if	uiliar with and this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KEITH, TANYA	1199 TALLEVAST ROAD	
		SARASOTA, FLORIDA 34243	■ Add
		SARASOTA, PLORIDA 34243	□ Remove
			a remove
			☐ Change
MGR	KEITH, DUSTIN	1199 TALLEVAST ROAD	
		SARASOTA, FLORIDA 34243	
			☐ Remove
		-	☐ Change
			□ Add
			🗀 🗡
			□ Remove
			□ Change
			□ Add ऋक्षे
			2∰ □ Remove
			Change
			☐ Change
			Change Change
			ار الم
			□ Remove
			Change
			Add
			☐ Remove
			Change

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ective date, if other than the da	te of filing:			(0	ptional)	
reffective date is listed, the date must be	specific and canno			re than 90 days a	after filing.) Pur	
te: If the date inserted in this block rument's effective date on the Depart			statutory ming	requirements,	, tins date witi	not be fisten a
record specifies a delayed ef		, but not an	effective ti	me, at 12:0	1 a:m. ont تنة	
he 90th day after the record	is med.				 	11
10-15-20x	4					5
10-15-20x		·				
	7				<u>٦</u> =,	ر ر
Sig	gnature of a membe	er or authorized	representative of	of a member	 ປ	<u> </u>

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Filing Fee: \$25.00