

L150000 92071

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

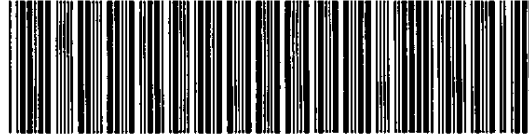
(Business Entity Name)

(Document Number)

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2016 JUL 15 A 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 18 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

HORSLEY HOLDINGS, LLC

SUBJECT: _____
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:

Jason J. Horsley

Name of Person

Firm/Company

3592 S.W. 180th Way

Address

Miramar, Florida 33029

City/State and Zip Code

jason@wechangelivesdaily.com

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

For further information concerning this matter, please call:

Jason J. Horsley

954 330-1993

at ()

Name of Person

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

FILED
2016 JUL 15 A 10:28
TALLAHASSEE, FL
SECRETARY OF STATE

**TO
ARTICLES OF ORGANIZATION
OF**

HORSLEY HOLDINGS, LLC

(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 05/26/2015 and assigned
Florida document number L15000092071

This amendment is submitted to amend the following:

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

HORSLEY HOLDINGS WINE COMPANY, LLC

The new name must be distinguishable and contain 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 name 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

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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2016 MAY 15 A 10:26
CLERK OF COURT
MILWAUKEE COUNTY
WISCONSIN

FILED

2018 JUL 15 A 10:26
OFFICE OF THE
TALLAHASSEE, FLORIDA

(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JULY 12 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JASON J. HORSLEY

Typed or printed name of signee _____