## L15000110017

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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: THIRSTY	PARROT FINE WINE 8	S SPIRITS, LLC	
30B0EC1.		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Richard J. Siemer		
		Name of Person	
		Firm/Company	
	9709 46th Ct. East		
		Address	
	Parrish, FL 34219		
		City/State and Zip Code	<del></del>
	jsas515@yahoo.com		
	E-mail address: (t	to be used for future annual report not	tification)
For further information cor	ncerning this matter, please ca	ill:	
Richard J. Sie	mer	at (941 ) 962-499 Area Code Daytir	94
Name of I	erson erson	Area Code Daytir	me 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)

TO: 👺 Registration Section

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

THIRSTY PARROT FINE WINE & SPIRITS, 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 June 24, 2015 and assigned Florida document number L15000110017 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SIEMER FAMILY HOLDINGS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, E.S. Or, if this document is

If Changing Registered Agent, Signature of Naw Registered Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR/AMBR	Alice Siemer	9709 46th Ct. E., Parrish, FL 34219	_ <b>X</b> Add
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	nding any other information, enter cl	nange(s) here: (Attach addit	tional sheets, i	f necesso	iry.)	
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ited _	October 8, 2015	•	<b></b> .			
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		The second secon				
	fignature of a r	nember or authorized representative	e of a member		0C1	1
	Richard J. Siemer	nember or authorized representativ	e of a member	RETAR) AHASSI	OCT 12	
	$\mathcal{O}$	nember or authorized representative Typed or printed name of signee	e of a member	ASSEE	12	-
	$\mathcal{O}$		e of a member	TARY ASSE		

Filing Fee: \$25.00