## 15000/37659

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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09/14/17--01019--010 ++25.00





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	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT:Shades of	SPICITS, LLC of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this	natter to the following:
	Uren Brant
shades	OF Spirits, LLC Finn/Company
3695 W	NKIER AVE #1725
Fort My	ers, FI 33914
Fiddlestic E-mail add	City/State and Zip Code (SF) (D) (O) (O) (O) Gress: (to be used for future annual report notification)
For further information concerning this matter, pl	 ease call: 
LAUREN BLARH	at $(484)$ $330$ $-5486$ Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	& □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.
Certificate of Sta	
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

AR	TICLES OF AMENDMENT
· · · ·	ТО
· ART	ICLES OF ORGANIZATION
· · ·	OF
Shaars of	Spints, LLC
( <u>Name of the Lini</u>	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	8/12/2015
The Articles of Organization for this Limited I	Liability Company were filed on $()   U   O   A$ and assigned
Florida document number <u>L15 00013</u>	<u>7054</u>
This amendment is submitted to amend the fol	lowing:
A. If amending name, <u>enter the new name</u>	of the limited liability company here:
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 appli	
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	
IMUNING UUUTESS MAI DE A FOST OFFICE	
	· · · · · · · · · · · · · · · · · · ·

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

Name of New Registered Agent:	Lauren Brant	
New Registered Office Address:	3045 WINKILLY Enter Florida	HYC # 1725
	Fort myers	, Florida <u>33010</u> 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

Page 1 of 3

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

## MGR = Manager AMBR = Authorized Member

Title	Name		Address	<b>Type of Action</b>
				Add
				🗖 Remove
				Change
				Add
				C Remove
				Change
				Add
				C Remove
				□ Change
<del>.</del>				Add
				Remove
				Change
				O Add
				🛛 Remove
				Change
				🗆 Add
				Remove
				Change
		Page 2 o	of 3	

D. If amending any other information, ent	er change(s) here:	(Attach additional sheets, if new	cessarv.)
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		FALLAHASSEE.	FIL
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		0 <sup>ff</sup> 32	
(lf an ef <u>Note:</u>	tive date, if other than the date of f fective date is listed, the date must be specifi If the date inserted in this block does r nent's effective date on the Department	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 of meet the applicable statutory filing requirements, this date will not be listed	6.0207 (3)(b) ed as the
	cord specifies a delayed effective 90th day after the record is fil	/e date, but not an effective time, at 12:01 a.m. on the earlie ed.	er of:
Dated	September 7th	<u>  . 2017</u> .	
	UR	MIL	

Signature of a member or authorized representative of a member

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Typed or printed name of signee

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Filing Fee: \$25.00