## L15000204133

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## **COVER LETTER**

LQR, 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: Michael S. Foelster, Esq. Name of Person Foelster Law Firm Firm/Company 980 N. Federal Highway, Suite 110 PMB 1060 Address Boca Raton, Florida 33432 City/State and Zip Code msf@foelsterlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael S. Foelster, Esq. Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section Division of Corporations** 

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LQR, LLC		195	-7 [11 5: 21	
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)		
he Articles of Organization for this Limited I	Liability Company were filed on $\frac{12}{2}$	07/2015	and assigned	
orida document number L15000204133	<u>.</u> .			
nis amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :		
ne new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or	the abbreviation "L.L.C."	
nter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)	_		
nter new mailing address, if applicable:				
<u> Aailing address MAY BE A POST OFFICE</u>				
. If amending the registered agent and/or	• •	ecords, <u>enter the</u>	name of the new registe	
gent and/or the new registered office addre	ess nere:			
Name of New Registered Agent:	Alex Greyserman			
New Registered Office Address:	5885 Windsor Court			
<u> </u>	Enter Florida street address			
	Boca Raton	, Florid	a 33496	
			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.

Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Alex Greyserman	5885 Windsor Ct	
		Boca Raton, FL 33496	□Remove
			□ Change
MGR	Elaine Greyserman	5885 Windsor Ct	□Add
		Boca Raton, FL 33496	Remove
		<del></del>	Change
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			Remove

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ote: If t	date, if other than the we date is listed, the date mus he date inserted in this black effective date on the December 2.	ock does not	meet the app	licable statutory	g or more than 90 c filing requireme	_ (optional) lays after filing.) F ents, this date w	fursuant to 605.0207 ill not be listed as
ecord spring is filed.	pecifies a delayed effectiv	e date, but no	ot an effective	time, at 12:01	a.m. on the earli	er of: (b) The	90th day after the
ated	9/19	0	202	<u>4</u> .			
		Signature of	momber or all	thorized represent	itative of a membe	r	
		orginature or i	a memoer or au	anzirou represer	mante of a membe	•	