

L160000012843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

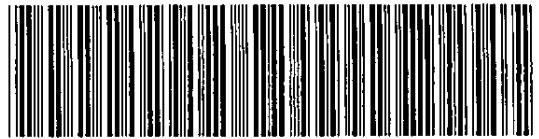
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/16--01001--007 **25.00

RECEIVED
16 FEB 18 PM 4:56
TALAHASSEE, FLORIDA
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APPROVAL
FILED
16 FEB 18 PM 4:52
TALAHASSEE, FLORIDA
SECRETARY OF STATE

[Handwritten signature]
2/18/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEST CHOICE BEVERAGE, LLC

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:

RUSSELL RICKON

Name of Person

BEST CHOICE BEVERAGE, LLC

Firm/Company

6136 CYRIL DRIVE

Address

DADE CITY, FLORIDA 33523

City/State and Zip Code

RRICKON@GENESISBRANDDEVELOPERS.COM

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

For further information concerning this matter, please call:

RUSSELL RICKON

Name of Person

813

at (_____) _____

Area Code

407-9976

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BEST CHOICE BEVERAGE, 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 1/19/2016 and assigned
Florida document number L16000012843.

This amendment is submitted to amend the following:

A. If amending name, enter the new name 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 "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

City

Florida

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

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>	<u>Type of Action</u>
AMBR	RUSSELL RICKON	6136 CYRIL DRIVE	<input type="checkbox"/> Add
		DADE CITY, FL 33523	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LAWRENCE SKARA	303 BENT WAY LANE	<input type="checkbox"/> Add
		LAKE MARY, FL 32746	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOSEPH GIACALONE	10980 LA SALINAS CIRCLE	<input type="checkbox"/> Add
		BOCA RATON, FL 33428	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JEFFREY JONKE	1601 BRAIRDALE DRIVE	<input type="checkbox"/> Add
		LUCAS, TX 75002	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

January 11, 2016



Signature of a member or authorized representative of a member

Typed or printed name of signee