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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 MAR 30 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FL 09101

K. SALY  
EXAMINER

APR -1

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOAST VODKA 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:

MARK HOLLANDER

\_\_\_\_\_  
Name of Person

HOLLANDER & COMPANY LLC

\_\_\_\_\_  
Firm/Company

777 BRICKELL AVE STE 950

\_\_\_\_\_  
Address

MIAMI FL 33131

\_\_\_\_\_  
City/State and Zip Code

MARKJHOLLANDER@GMAIL.COM

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

For further information concerning this matter, please call:

MARK HOLLANDER

305 495-9956  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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         | WMM OF FLORIDA, INC. | 6640 NW 74TH CT, PARKLAND, FL 33067 | <input checked="" type="checkbox"/> Add |
|              |                      |                                     | <input type="checkbox"/> Remove         |
|              |                      |                                     | <input type="checkbox"/> Change         |
|              |                      |                                     | <input type="checkbox"/> Add            |
|              |                      |                                     | <input type="checkbox"/> Remove         |
|              |                      |                                     | <input type="checkbox"/> Change         |
|              |                      |                                     | <input type="checkbox"/> Add            |
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|              |                      |                                     | <input type="checkbox"/> Remove         |
|              |                      |                                     | <input type="checkbox"/> Change         |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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CLERK OF DISTRICT COURT  
DISTRICT OF COLUMBIA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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.

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.

Dated 3-29, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee