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	gistration Se vision of Cor			,
SUBJECT:	Corksavvy,	LLC		
SOBULC 1.	· <u>· · · · · · · · · · · · · · · · · · </u>	Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		David E. Klein, Esq.		
		•	Name of Person	
Rabideau Law, P.A.				
	Firm/Company			
	400 Royal Palm Way, Suite 404			
			Address	
		Palm Beach, FL 33480		
			City/State and Zip Code	
	dklein@rabideau-law.com E-mail address: (to be used for future annual report notification)			
For further i	nformation co	oncerning this matter, please ca	·	Canony
David E. Kl	lein, Esq.		561 655-6221	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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

Corksavvy, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records. I Liability Company))	
e Articles of Organization for this Limited Liability Company orida document number <u>L16000057595</u> .	y were filed on March 22, 2016	and assigned	
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited lial	bility company here:		
e new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."	
iter new principal offices address, if applicable:	2880 South Ocean Blvd.		
rincipal office address MUST BE A STREET ADDRESS)	Palm Beach, FL 33480		
iter new mailing address, if applicable:	P.O. Box 3149		
Tailing address MAY BE A POST OFFICE BOX)	Palm Beach, FL 33480		
If amending the registered agent and/or registered ogistered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		enter the name of the n	
New Registered Office Address.	Enter Florida street address		
·		rida Zip Code	
	•	Zip Code	
w Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
New Registered Office Address: w Registered Agent's Signature, if changing Registered Agent wereby accept the appointment as registered agent and agent ovisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as	City t: ree to act in this capacity. I further performance of my duties, and	her agree l I am fan	

If Changing Registered Agent, Signature of New Registered Agent

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Remove		
			Add		
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). If amending any other	r information, enter	change(s) here: (Attac	h additional sheets, i	f necessary.)	
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Note: If the date insert	the date must be specific a	nd cannot be prior to date of the meet the applicable statu	filing or more than 90 day	(optional) s after filing.) Purs is, this date will i	uant to 605.0207 (3) not be listed as the
the record specifies) The 90th day afte	a delayed effective or the record is filed	date, but not an effo d.	ective time, at 12	:01 a.m. on t	he earlier of:
Dated June 1	·	2016			
	Jell	Donio		· · · · · · · · · · · · · · · · · · ·	
	/Signature of	a member or authorized repr	esentative of a member		7
	JILL S	Typed or printed name of	signee	N -6	
		Page 3 of 3		P & OF ST/E, FLOW	
		Filing Fee: \$25.	.00		