

**L16000091997**

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(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

APR 5 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wine Not Paint 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:

Liz Y Garcia  
Name of Person

Wine Not Paint LLC  
Firm/Company

7074 Brazil Circle  
SEVEN HICKDOCKEE  
Address

LaBelle FL 33935  
City/State and Zip Code

winenotpaintllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Summeralls at (813) 634-9717  
Name of Person Area Code 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

FILED  
17 APR -3 PM 1:33  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Wine Not Paint LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 05/11/2016  
Florida document number 216000091997

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)

870 W Hickpochee Ave  
LaBelle FL 33935

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

149 Belmont Street  
LaBelle FL 33935

**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:

Amber Summeralls

New Registered Office Address:

870 W Hickpochee Ave

Enter Florida street address

LaBelle

City

, Florida

33935

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.*

Amber Summeralls  
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>
MGR	Liz Y Garcia	7074 Brazil Cir	<input type="checkbox"/> Add
		LaBelle FL 33935	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Samantha L Vizaguirre	495 4th Ave	<input type="checkbox"/> Add
		LaBelle FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amber Summeralls	149 Belmont St	<input checked="" type="checkbox"/> Add
		LaBelle FL 33935	<input type="checkbox"/> Remove
			<input 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

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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.

3/29/17

Signature of a member or authorized representative of a member

Liz Garcia

Typed or printed name of signee

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