16000095714

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(basiless Elikky Halley
(Document Number)
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Special Instructions to Filing Officer:

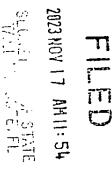
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See 5/8/24 Statement of Fact



TALLYHEASSEE THORNA

A. BUTLER NOV 2 0 2023

2330 CLARE DR	·
TALLAHASSEE, FL 32309	^
(850) 524–5437 / (850) 524–6243 / (8	50) 491–9625
Please use funds from this ac	count: 120210000160: \$25.00
Authorization Signature:	achell:
SOUTHERN GLAZER'S WINE AND SPIR	RITS CORPORATE SERVICES LLC L16000095714
BUSINESS NAME	DOCUMENT #
Certified Copy	
Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit Corp	_x_Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
LLLP	Merger
CORP	Articles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Apostille	Foreign filing
Country	Reinstatement
Annual Report	Qualification
Fictitious Name	Other

FILORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:____

COVER LETTER

TO: Registration Se Division of Cor	ection porations		
SUBJECT: Sout	hern GLAZ Name of 1.	ZER'S Wine A imited Liability Company	nd spirits corporate sorves
The enclosed Articles of	Amendment and fee(s) are so	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
	Michael	Pollow d Name of Person	
S	cuthern GIAZ	ERSWINE And SF	PiRits CORPORATE SERVE
	Mi AMI	-160010	Street mi Amifl 9 33169
	Mike Po	City/State and Zip Code 3030 9 (to be used for future annual report noti	mail. Com
For further information co	ncerning this matter, please of	call:	
Michael F	Person	at (<u>904</u>) <u>3769</u> Area Code Daytim	763 e Telephone Number
inclosed is a check for the	following amount:		
\$ \$25.00 Filing Fee	S30.00 Fiting Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 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

FILED

Southern GIAZER	3 wine An	LSP: R	+5 2023 NOV F	RAHEService
(Canagorina Similar	Florida Limited Liability		records:)	UESTATE CCC ESCIELEI
The Articles of Organization for this Limited Lia	bility Company were f	filed on (55/1	3-2016	and assigned
Florida document number 1166009	5714	~		
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability co	ompany here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Corr	pany," the designatio	n "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applical	ole:			·
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office addres <u>here</u> :	s on our records,	enter the name (of the new registered
Name of New Registered Agent:		- <u> </u>		
New Registered Office Address:		<u> </u>		
		Enter Florida street	address	
			, Florida	
	Cit	ጌ'		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 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 Title Name Address Type of Action 1600 NW 163 RD, SF MAD Michael Pollard mi Ami fl 33/69 | Remove AMBR Michael Pollard 8400 S Jones BIVD XAdd Las Vegas, NV 89/39 DRemove 6867 Stuart Lns, NAdd Michael Blad Jackson Ville A 32254 DREMOVE _____ □Change _____ Change _____ □Add _____ □Change

1	Date +	1 W) of					 _
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te: If th	ate, if other than date is listed, the date date inserted in the effective date on the	nis block does no	ot meet the app	licable statutor	2023 ng or more than 9 ry filing require	(optional 0 days after filing ments, this date	(.) Pursuant to 605.0
cord spe s filed.	cifies a delayed eff	ective date, but	not an effective	time, at 12:0	l a.m. on the ea	rlier of: (b) T	he 90th day after
ad Y	10V 14 =	2023_	_,	·			
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