## 4/600/125322

| (Requestor's Name)                      |
|-----------------------------------------|
|                                         |
| (Address)                               |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Special Instructions to Filing Officer: |
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S. WARREN DEC 2 9 2017

## **COVER LETTER**

| TO: Registration S<br>Division of Co |                                                 |                                                                     |                                                                                                     |
|--------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Sunshine V                           | Vine Distribution                               |                                                                     |                                                                                                     |
|                                      | Name of Limi                                    | ited Liability Company                                              |                                                                                                     |
| The enclosed Articles of             | Amendment and fee(s) are sub-                   | mitted for filing.                                                  |                                                                                                     |
| Please return all correspo           | ondence concerning this matter                  | to the following:                                                   |                                                                                                     |
|                                      | Paul Clear                                      |                                                                     |                                                                                                     |
|                                      |                                                 | Name of Person                                                      |                                                                                                     |
|                                      |                                                 | Firm/Company                                                        |                                                                                                     |
|                                      | 797 Apollo Cir NE                               |                                                                     |                                                                                                     |
|                                      |                                                 | Address                                                             |                                                                                                     |
|                                      | Palm Bay, FL 32905                              |                                                                     |                                                                                                     |
|                                      |                                                 | City/State and Zip Code                                             |                                                                                                     |
|                                      | paul@sunwinedist.com                            |                                                                     |                                                                                                     |
|                                      | E-mail address: (                               | to be used for future annual report notif                           | ication)                                                                                            |
| For further information of           | concerning this matter, please ca               | ıll:                                                                |                                                                                                     |
| Paul Clear                           |                                                 | 813 732-1933<br>at ()  Area Code Daytime                            | <u> </u>                                                                                            |
| Name o                               | of Person                                       | Area Code Daytime                                                   | : Telephone Number                                                                                  |
| Enclosed is a check for t            | the following amount:                           |                                                                     |                                                                                                     |
| \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

| Sunshine Wine Distribution                                                            |                                            |                                               |                               |                   |
|---------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|-------------------------------|-------------------|
| (Name of the Lim                                                                      | ited Liability Compa<br>(A Florida Limited | iny as it now appears (<br>Liability Company) | on our records.)              | <del></del>       |
| The Articles of Organization for this Limited I                                       | Liability Company                          | were filed on <u>6/30/</u>                    | /16                           | and assigned      |
| Florida document number L16000125322                                                  |                                            |                                               |                               |                   |
| This amendment is submitted to amend the fol                                          | lowing:                                    |                                               |                               |                   |
| A. If amending name, enter the new name                                               | of the limited liab                        | oility company here                           | <u>e</u> :                    |                   |
| The new name must be distinguishable and contain the                                  | words "Limited Liabi                       | lity Company," the desi                       | ignation "LLC" or the abbrev  | iation "L.L.C."   |
| Enter new principal offices address, if appli                                         | cable:                                     | <del></del>                                   |                               |                   |
| (Principal office address MUST BE A STRE                                              | <u>ET ADDRESS)</u>                         |                                               |                               |                   |
|                                                                                       |                                            | <del></del>                                   |                               | <del></del> -     |
| Enter new mailing address, if applicable:                                             |                                            | Sunshine Wine Di                              | istribution                   |                   |
| (Mailing address MAY BE A POST OFFICE                                                 | EBOX)                                      | 797 Apollo Cir NI                             | E                             |                   |
| <u></u>                                                                               |                                            | Palm Bay, FL 32905                            |                               |                   |
| B. If amending the registered agent and registered agent and/or the new registered of |                                            |                                               | our records, <u>enter the</u> | name of the ne    |
| Name of New Registered Agent:                                                         | Paul Clear                                 |                                               |                               |                   |
| New Registered Office Address:                                                        | 797 Apollo Cir                             | NE                                            |                               |                   |
|                                                                                       |                                            | Enter Florid                                  | a street address              |                   |
|                                                                                       | Palm Bay                                   | · · · · · · · · · · · · · · · · · · ·         | Florida 32905                 |                   |
|                                                                                       |                                            | •                                             | •                             | Zip Code          |
| New Registered Agent's Signature, if changing                                         | Registered Agent:                          | _                                             |                               |                   |
| I hereby accept the appointment as register                                           | ed agent and agr                           | ee to act in this ca                          | pacity. I further agree       | to comply with th |

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

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>         | Address                   | Type of Action                                            |
|--------------|---------------------|---------------------------|-----------------------------------------------------------|
| MGR          | BARCO-CUERPO, DIEGO | CALLE ALEMANIA, 23        |                                                           |
|              |                     | CIUDAD REAL (CIUDAD REAL) | ■ Remove                                                  |
|              |                     |                           | Change                                                    |
| MGR          | Clear, Paul         | 797 Apollo Cir NE         |                                                           |
|              |                     | Palm Bay, FL 32905        | □ Remove                                                  |
|              |                     |                           | ☐ Change                                                  |
|              |                     |                           | □ Add                                                     |
|              |                     | ~~~                       | ☐ Remove                                                  |
|              |                     |                           | Change                                                    |
|              |                     |                           | □ Add                                                     |
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| ·                                                                                                                                                             |                                                              |                          |                        |              |
| ective date, if other than the date effective date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Depart | does not meet the applicable si<br>tment of State's records. | atutory filing requireme | ents, this date will n | ot be listed |
| record specifies a delayed eff                                                                                                                                |                                                              | •                        |                        |              |
| record specifies a delayed eff<br>he 90th day after the record                                                                                                |                                                              | ,                        |                        |              |
| he 90th day after the record                                                                                                                                  |                                                              |                          |                        |              |
| he 90th day after the record ed 12/20                                                                                                                         | is filed.                                                    |                          |                        |              |
| he 90th day after the record ed 12/20                                                                                                                         | is filed.                                                    |                          |                        |              |

Filing Fee: \$25.00