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D. SCOTT DEC 1 4 2016

## COVER LETTER

TO:

**Registration Section** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Co	orporations	*.	
CITE IN CO.	t Las Olas, LLC		
SUBJECT.	Name of Lin	<del></del>	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Benjamin E. Olive, Esq.		
		Name of Person	_
	Hackleman, Olive & Judd	, P.A.	
		Firm/Company	<del></del>
	2426 East Las Olas Boule	vard	
		Address	
	Fort Lauderdale, Florida,	33301	
	- · · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<del></del>
	bolive@hojlaw.com	(to be used for future annual report notification)	_ SE
For further information	concerning this matter, please c	•	CARA T
	concerning this matter, preuse e		/ /\
Benjamin E. Olive	C.D.	954 334-2550 at ()	
Name	of Person	Area Code Daytime Telephone Num	FSTA 2:
			PH 2: 39 F STATE FLORIDA
Enclosed is a check for	the following amount:		μ. <b>.</b> . <b>(</b> )
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
Regis	LING ADDRESS: tration Section ion of Corporations	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

2901 East Las Olas, LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on October 26, 2016	and assigned
Florida document number L16000197681		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
Las Olas Beachside Liquors		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
• • •		
<u>(Principal office address MUST BE A STREET</u>	ADDRESSI	<del> </del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
		<del></del>
		<u>€</u>
B. If amending the registered agent and/o	r registered office address on our records, enter	r the name of the nev
registered agent and/or the new registered offi		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	3 0
	, Florida	
	City	7 in 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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