

L16000216065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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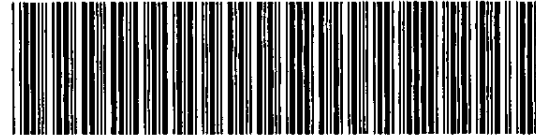
(Business Entity Name)

(Document Number)

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17 JAN -6 PM 1:25

C. Luther Pickels & Associates, LLC

Linda M. Webb, CPA
825 East Dogwood Street
Monticello, Florida 32344
Telephone (850) 997-0777 Fax (850) 997-0780

January 4, 2017

Florida Department of State
Divisions of Corporations
LLC Amendments
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please find attached the fee and form to amend the corporate filing for Lloyd Liquors LLC. I was the registered agent on the original filing and remain so on the amendment.

I can be reached at the contact information above or via email at lindaw@lutherpickelscpa.com. Please let me know if any additional information is required.

Sincerely,



Linda M. Webb, CPA

17 JAN -6 PM 1:25

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

LLYOD LIQUORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/28/16 and assigned
Florida document number L16000216065.

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)

17 JAN -6 PM 1:25

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida**

City

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 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	KATHRYN M. JOYNER	PO BOX 428	<input type="checkbox"/> Add
		LLOYD, FL 32337	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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47 JAN -6 PM 1:23

11-15-25

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated January 4, 2017

Shirley M. Webb
Signature of a member

Signature of a member or authorized representative of a member

LINDA M. WEBB

Typed or printed name of signee