L16000 223806

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PICK-UP WAIT MAIL	
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	Coastal Bo	utique Wine Distributors, LLC			
500012	· · ·	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		Bruce Barkett, Esq.			
		<u>-</u> -	Name of Person		
		Collins, Brown, Barkett, C	Garavaglia & Lawn, Chartered		
			Firm/Company		
Firm/Company 756 Beachland Boulevard					
			Address		
		Vero Beach, FL 32963			
		bbarkett@verolaw.com	City/State and Zip Code		
		-	to be used for future annual report notif	ication)	
For furt	ner information c	oncerning this matter, please ca	afl:		
Rick W	ykoff		813 431-7758		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne following amount:		907	
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	MAIL	ING ADDRESS:	STREET/COURT	FR ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Boutique Wine Distributors, 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 12/9/2016 and assigned Florida document number $\frac{L16000223806}{}$ 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 "LLC." 200 Grand Royale Circle #206 Enter new principal offices address, if applicable: Vero Beach, FL 32962 (Principal office address MUST BE A STREET ADDRESS) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage,	enter the title, nam	ne, and address of each pe	erson being added
or removed from our records:			

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Filing Fee: \$25.00