L170000 18511

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE



September 26, 2017

NADIA INGRAM 5895 TODD STREET BRADENTON, FL 34207 US

SUBJECT: OHIO VALLEY DISTILLED SPIRITS LLC

Ref. Number: L17000018511

We have received your document for OHIO VALLEY DISTILLED SPIRITS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 217A00019491

2011 OCT -6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	nv as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1700018511</u> .	were filed on and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	T-6 P 3	
<u> </u>	DE 2	
B. If amending the registered agent and/or registered office address here:	fice address on our records, <u>enter the name of the no</u> :	<u>:w</u>
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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lubon Dyram	Venice F2 34293	⊡ Ādd
		Ven: ce, F2 34293	☐ Remove
			Change
MGR.	Nadia Ingram	5895 Todd Street Bradenton, FV 34207	□ Add
	-	Bradenton, FV 34207	Remove
	•		Change
			□ Add
			Remove
			Change
	·		🗖 Add
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			Change
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		AMERICAN STREET	Remove
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						FLORIDA	3 12
Effective date, if other fan effective date is listed, Note: If the date inserted ocument's effective date	the date must be spec d in this block doe	rific and cannot be s not meet the a	ipplicable statuto	ling or more than 9 ory filing requires	(optional) 0 days after filing, ments, this date) Pursuant to	605.0207 listed as
e record specifies			it not an effe	ctive time, at	12:01 a.m.	on the ea	arlier of
The 90th day afte	f the record is	nied.					
Dated <u>(0-3-</u>	Y/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, } 	2				

Page 3 of 3

Filing Fee: \$25.00