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(Requestor's Name)	
(Address)	_
l J	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
			OOD, WINE & MUSICALC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	a all correspo	indence concerning this matter	to the following:	
			Bruno Domenech	
			Name of Person	
		VERO BE	ACH FOOD, WINE & MUSIC L	r.c.
			Firm/Company	
			P.O. BOX 643501	
			Address	
			VERO BEACH, FL 32964	
			City/State and Zip Code	
			Duddy@ThomasDuddy.com	
Use friething l	n Pagasastians as	h-mail address; (oncerning this matter, please c	to be used for future annual report not	rheation)
ror further h		-		2/2
		Henderson	877 858-6 at () Area Code Daytin	ne Telephone Number
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25,00 H	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Ba	ING ADDRESS: ation Section n of Corporations px 6327	STREET/COUR Registration Section Division of Corpo Clitton Building	on rations
	Tullaha	issee, FL 32314	2661 Executive Co	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VERO BI	EACH FOOD, WINE & MUSI	CLLC	
(A F	iability Company as it now appe lorida Limited Liability Company	ears on our records,)	
The Articles of Organization for this Limited Liabil 1.17000111780 [Trible Trible Trible		8:00am May 19th, 2017	and assigned
lorida document number			
	-		
. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
he new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C,"
nter new principal offices address, if applicable	:		
Principal office address MUST BE A STREET A	DDDPCC)		
			
			
nter new mailing address, if applicable:			
<u> Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>		<u>in.1'</u>
			<u> </u>
			0.
3. If amending the registered agent and/or i	registered office address of	on our records, enter th	<i>!</i> ie name≌of the
egistered agent and/or the new registered office			••
			A
Name of Naw Davietows Assess			. 😜
Name of New Registered Agent:			5,
New Registered Office Address:			
	Enter F	lorida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas M. Duddy	P.OBOX643501VBeach,Fla.32963	_
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			Change
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			# OE
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		-	در.
		- -	
e: If the date inserted in this h	e date of filing:	(optional) of filing or more than 90 days after filing.) tuttory filing requirements, this date w	Pursuant to 605, ill not be liste
record specifies a delaye he 90th day after the re		effective time, at 12:01 a.m. o	n the earlie
May 20th	2017		
	71. 37 . 1 . /1		

Page 3 of 3

Filing Fee: \$25.00