118000013696

F	Requestor's Name)
F	Address)
	Address)
PICK-UP	City/State/Zip/Phone #)
(Business Entity Name)
(I	Ocument Number)
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SECRE TARY OF STATE TALLAHASSEE, FLORIO

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:Ca	sks & Flights LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	John E. M	CCorvey Name of Person	
	Casks	& Flights LLC Firm/Company	
	2481	Redford Dr Address	
	Cantoni	ment , Florida 32533	
	info@cas E-mail address: (i	City/State and Zip Code ksandflights.com to be used for future annual re	eport notification)
For further information	concerning this matter, please ca		
John McCorve	y of Person	at (<u>850</u>)	225-1085 Daytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	图 \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis	LING ADDRESS: stration Section ion of Corporations	Registratio Division o	of Corporations
	Box 6327 hassee, FL 32314		uilding cutive Center Circle ce, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Casks & Flig	hts LLC	 .		
(Name of the Lamited)	Liability Company as it now a Florida Limited Liability Comp	ippears on our records.) pany)		
The Articles of Organization for this Limited Liabi	lity Company were filed o	on1/16/2018	and assign	ned
Florida document number <u>L18000013696</u>	·			
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability compa	ny here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company,"	" the designation "LLC" or the ab	breviation "L.L.C	C."
Enter new principal offices address, if applicable	e:		<u></u>	
(Principal office address MUST BE A STREET A	(DDRESS)			A SE
			_ 	CRE
			3 26	ASSET ASSET
Enter new mailing address, if applicable:				13. 13.
(Mailing address MAY BE A POST OFFICE BO	<u></u>		⋾	
			<u> </u>	NAT A
			01) >
B. If amending the registered agent and/or registered agent and/or the new registered office		ss on our records, enter	the name of	the new
registered agent and of the new registered office	address acre.			
Name of New Registered Agent:				
New Registered Office Address:	Ente	er Florida street address		
		F1 .1		
-	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performand red agent as provided for istered office address, 1 (ce of my duties, and I am f r in Chapter 605, F.S. Or,	amiliar with a	and ent is

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>l'itle</u>	<u>Name</u>	Address	Type of Action
Mrs	Candice Wilslon	7423 Floyd DR. Pensacola, Fl 32526	🖾 Add
			Remove
			Change
			Add
			Remove
			Change
. <u> </u>			Add
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			🖸 Add
			Remove
			Change

I am	amending share holdings/ownership percentage of the company Casks & Flights LLC	
-J&	hn McCorvey 50% Share Holder/Ownership	
	Candice Wilson 45% Share Holder/Ownership	
	ohn Wilson 5% Share Holder/Ownership	
l an	also add the companies FEI/EIN Number- 82-3518120	
		TAL St
	FEB	LAH
	26	AHASSEE, F
	P 2	E F
		FLORID/
	on a	
		
(If an effective date Note: If the date	if other than the date of filing:	.0207 (3 ed as th
	edifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied at after the record is filed.	er of:
Dated	10 S/1/1	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00