

From: Jeff Lieser

5/4/2018

(813) 251-8715

(813) 617-8365

Page 1 of 1 5/4/2018 12:48 PM

L1800008293

H180001404693

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax/audit number (shown below) on the top and bottom of all pages of the document.

((H180001404693)))



H180001404693ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (813) 617-8365

From:
Account Name : LIESER SKAFF ALEXANDER, PLLC
Account Number : 120150000057
Phone : (813) 280-1256
Fax Number : (813) 251-8715

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gary@lagwines.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAG WINES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2018 MAY -7 AM 10:56
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2018 MAY -7 PM 1:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H180001404693

H180001404693

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: LAG Wines LLC**

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing:

Please return all correspondence concerning this matter to the following:

Ghada Skaff, Esquire

(Name of Person)

Lieser Skaff Alexander PLLC

(Firm/Company)

403 N. Howard Avenue

(Address)

Tampa, Florida 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Ghada Skaff

(Name of Person)

at (813) 230-1256

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 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)**MAILING ADDRESS:**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**STREET/COURIER ADDRESS:**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H180001404693

H180001469493

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

LAG Wines 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 April 2, 2018 and assigned
Florida document number L18000082938.

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 end with the words "Limited Liability Company," the designation "LLC" or abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

701 S. Howard Avenue, Unit 101, Suite L

Tampa, Florida 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

701 S. Howard Avenue, Unit 101, Suite L

Tampa, Florida 33606

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:

701 S. Howard Avenue, Unit 101, Suite L

(Enter Florida street address)

Tampa

, Florida 33606

(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)

H180001469493

H180001404693

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

Title	Name	Address	Type of Action
AMBR	GARY JENKINS	761 Island Way Clearwater, Florida 33767	☐ Add ☒ Remove
MGR	GARY JENKINS	761 Island Way Clearwater, Florida 33767	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

2018 MAY -7 AM 10:56
 FILED
 CLERK OF SUPERIOR COURT
 TAMPA, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 3, 2018

Gary Jenkins

Signature of a member or authorized representative of a member

Gary Jenkins

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H180001404693

From: Jeff Lissner Fax: (813) 251-8716
850-617-6381

To: Fax: (850) 617-6383
5/7/2018 11:55:13 AM PAGE 1/001 Fax Server

Page 2 of 5 05/07/2018 12:48 PM



May 7, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAG WINES LLC
761 ISLAND WAY
CLEARWATER BEACH, FL 3376705

SUBJECT: LAG WINES LLC
REF: L18000082936

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return 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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H18000140469
Letter Number: 018A00009363

RECEIVED

2018 MAY -7 PM 1:51

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314