## 118000259094

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

Office Use Only



700322026507

01/07/19--01030--026 \*\*25.00

19 JAN -7 PH 6: 09

JAN 1 4 2019 S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: OCLANSh	Name of Limite	SUSM Ed Liability Con	npany	LLC
The enclosed Articles of Amendme				
Please return all correspondence co	ncerning this matter to	the following	ļ:	
	Liz Pai	OCICH Name of F	Person	
	<u>Oceansi</u>	MOLE W	line Sush	is MOIC LLC
<del></del>	3468 N.O	ICEANS!	nore Bly	vcl
	Flagler	Beack City/State and	7 FL 32 Zip Code	2130
	3408 C	)Ceans	VILDAM	ail (OM)
For further information concerning			G. / O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. O				
Name of Person		at ( <u>38</u> Area	)(4) (627 - Code Daytim	- 8658 ne Telephone Number
Enclosed is a check for the followi	_			
\$25.00 Filing Fee	.00 Filing Fee & entificate of Status	□ \$55.00 Fi Certified (additiona	-	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	¥	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> Creanshore Wine, Sush</u>	11 & More	LLC	<del></del>	
(Name of the Limited Liability Company (A Florida Limited Lia	hility Company)	our records.)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L18000259094</u> .	vere filed on <u>NOV</u>	e <u>mber 5,20</u>	18 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the design	ation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>			
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 here:  Name of New Registered Agent:  New Registered Office Address:			19 JAN -7 FM 69 09	T T T T T T T T T T T T T T T T T T T
	Enter Florida s	ireet address		
<del></del>	City	, Florida	Zip Code	—
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my ovided for in Chap	duties, and I am j oter 605, F.S. Or,	familiar with and if this document	<i>†</i>

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joseph J WITTrock	211 S. 8th Street	
	·	Flagler Beach, FL 32136	D Remove
			Change
MER	Frankie Alan Lawlence	254 Leo Street	🖸 Add
		St. Augustine, FL 32084	□ Remove
			Change
			🗆 Add
			Remove
			Change
		<del></del>	🗆 Add
			Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			□ Change

-	
_	
_	
_	
-	
_	
-	
_	
-	
_	
-	
-	
_	
_	
_	
(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	1-2: 2019 South Williams
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00