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COVER LETTER

TO:

TO:		ation Section of Corpor					
SUBJI	FCT+	KIT IN	ESTMENT OF FLOR	IDA L	LC		
S C DAT	<u> </u>		Name of Limi	ted Liab	lity Company		
The en	iclosed Ar	ticles of Am	endment and fee(s) are subn	nitted fo	or filing.		
Please	return all	corresponde	nce concerning this matter t	o the fo	blowing:		
			DENISE MORR		ame of Person		
				;×.	ame of reison		
			LIQUOR LICENS	SE PR	OFESSION	IALS	
				F	im Company		
			725 N MAGNOLIA	A AVE	1		
					Address		
			ORLANDO FL 3	2803			
				City/S	State and Zip Cod	k	
		_	denise@liquorlicens E-mail address: (10	seprof	essional.com	M al report potificat	ion t
For fu	rther infor	mation conc	erning this matter, please ca			a tepor la illus	
	DENIS	SE MORF			386)_	222-9668	
		Name of Pe	rson		Area Code	Daytime Te	lephone Number
Enclos	sed is a ch	eck for the fe	ollowing amount	,			
Ş \$2	5.00 Filin	g Fee (□ \$30.00 Filing Fee & Certificate of Status	C	5.00 Filing Federtified Copy additional copy is o		☐ \$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			Regist Divisio Clifton 2601 E	ET/COURIER ration Section on of Corporation Building Executive Center assee, FL 32301	ons r Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Varie of the Limited Line	Htt: Company of the pay appears on our meeters
(A Floric	try Company as it now appears on our records.) la Lunded Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on <u>04/11/2019</u> and assigned
Florida document number <u>L19000097799</u>	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESSI SIGN
	28 Z8
Enter new malling address, if applicable:	mo a D
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the neddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Register	· ·

if Changing Registered Agent, Signature of New 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.

	ed from our records:		
MGR = AMBR =	Manager ■ Authorized Member		
<u> Citle</u>	<u>Name</u>	Address	Type of Action
AMBR	KATHERINE E KITTLESON	140 ALAMEDA AVE	
		MERRITT ISLAND FL 32952	□ Remove
			Change
			☐ Remove
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			☐ Remove
			Change
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			Change
<u>.</u>	· · · · · · · · · · · · · · · · · · ·		□ Add
			□ Remove
			Change
			Remove
			☐ Change

D. If ame	nding any other inf	ormation, enter cha	ange(s) here:	(Attach addit	ional sheets, if	necessary.)	
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(If an eff Note:	ve date, If other tha ective date is listed, the d If the date inserted in ent's effective date on	ite must be specific and o this block does not mo	minot belprior tet the applica	o date of filing or i	more than 90 day:	optional) safter filing.) Purs s. this date will i	mant to 605.0207 (3) not be listed as the
If the rec (b) The	ord specifies a de 90th day after th	layed effective da e record is filed.	ite, but not	an effective	tlme, at 12:	01 a.m. on t	he earlier of:
Dated	MAY 21		2019				
		Signature of a m	ember or author	ized representativ	e of a member		
		ROBERT KITT	LESON				
				name of signee			

Page 3 of 3

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