LZO 000055337

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #î
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Certified Copies	_ Certificate	s of Status
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May 26, 2020

ADELA BRYANT D'VINE VANILLA, LLC 14301 LURAY RD SOUTHWEST RANCHES, FL 33330

SUBJECT: D'VINE VANILLA, LLC Ref. Number: L20000055337

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

OWNER IS NOT AN ACCEPTABLE TITLE. PLEASE REFER TO THE TITLES ON THE AUTHORIZED PERSON PAGE AND RESUBMIT.

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) 245-6050.

Letter Number: 720A00010447

Susan Tallent Regulatory Specialist II

www.sunbiz.org

corphelp

to me

Your filing was not filed and has been rejected for corrections on May 26, 2020. Below is a copy of the letter explaining the rejections and the corrections that need to be made. If you have questions, you can contact their office at 850-245-6050 press 0 for assistance.

May 26, 2020

ADELA BRYANT D'VINE VANILLA, LLC 14301 LURAY RD SOUTHWEST RANCHES, FL 33330

SUBJECT: D'VINE VANILLA, LLC Ref. Number L20000055337

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Susan Tallent

Regulatory Specialist II Letter Number: 720A00010447

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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RECEIVED

COVER LETTER

	tion Section of Corporations		
SUBJECT:	D'Vine V	anilla) 110	
SUBJECT:	Nam	e of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s)	are submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
		Adole Brya Name of Person	nt
		D'Vine Varu Firm/Company	illa 2LC
	143	01 Luray Ro	
	Southw	est Ranches, J. City/State and Zip Code	<u>l 33330</u> Domail. com
	E-mail a	ine Vanilla ddress: (to be used for future annual	Domail. com reportation
For further inform	ation concerning this matter, j	please call:	
	Adelas Brya Name of Person	at (305)_ Area Code	281 - 4235 Daytime Telephone Number
Enclosed is a chec	k for the following amount:		
□ \$25.00 Filing	Fee S30.00 Filing Fe Certificate of S CAL#3/14 Cleared 5/	tatus Certified Copy (additional copy is en	Certificate of Status &
•	Address: ation Section n of Corporations	•	ddress: ration Section on of Corporations

P.O. Box 6327

TO:

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'Vine Vanill		
(Name of the Limited Liability Company (A Florida Limited Liab	as it/how appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on <u>2-18-2020</u>	and assigned
Florida document number <u>£2 000 00 553</u> 3.7		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		202
-	<u> </u>	
Enter new mailing address, if applicable:		1 '
(Mailing address MAY BE A POST OFFICE BOX)		3 1
		=
		19
B. If amending the registered agent and/or registered office address here:	iress on our records, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	cn,	ыр Сойе
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		

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, enter the title, name, and address of each person being adde or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adela Bryant	1430/ Curay Rd Southwest Ranches, In	MAdd
	O	Southwest Ranches, In	
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□ Add
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	ive date, if other than the date of filing: 2-18-2020 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocun	ent's effective date on the Department of State's records.
recor l is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	5/28/2020
uicu	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Signature of a member or authorized epresentative of a member