L20000 292659

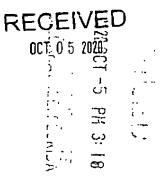
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900352855939

10/06/20--01004--017 **25.00





, COVER LETTER

TO:

TO: Registration S Division of Co			
	R HOUSE WINERY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bradley Gies		707
		Name of Person	300
	The Law Office of Bradley	y Gies P.A.	7028 OCT -5 PH 3: 16
		Firm/Company	10000000000000000000000000000000000000
	1983 PGA Blvd Suite 102		ب
		Address	
	Palm Beach Gardens		
	D 142 (242)	City/State and Zip Code	
	BradGies@GiesLaw.com E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Bradley Gies		240 670-4437 at ()	
Name	of Person	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 Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroc Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iled on	and assigned
ompany here:	
pany," the designation	"LLC" or the abbreviation "LL.C."
	<u> </u>
	, , , , , , , , , , , , , , , , , , , ,
	P 1
	₩
1	apany." the designation

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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Block	10136 Idonia Lane	■Add
		Brooksville, Fl. 34601	□Remove
			Change
			□Add
			Remove □ Change
			U S DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

N/z	A
	· 00
	2
	N/A
Effective	e date, if other than the date of filing: (optional) tive 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 605,020
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document	it's effective date on the Department of State's records.
e record s rd is filed	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 I
Dated	September 30th. 2020. Signature of a member or authorized representative of a member
	Report in the state of the state of signer of
	Typed or minted name of cianca