

L21000080475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

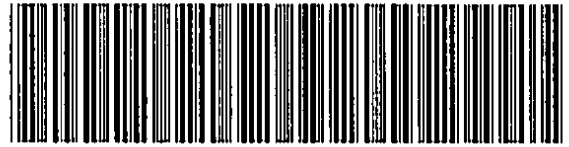
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 NOV 23 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Amend.

12/8/21

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 23 AM 9:48

November 12, 2021

AMANDA L COLLINS
304 NORTH CENTER STREET
PERRY, FL 32347 US

SUBJECT: RUSTIC VINE CREATIONS LLC
Ref. Number: L21000080475

We have received your document for RUSTIC VINE CREATIONS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 421A00027520

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

Rustic Vine Creations 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 2/17/2021 and assigned
Florida document number 121000080475.

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 contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2021 NOV 23 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Amanda L Collins

New Registered Office Address:

304 North Center Street

Enter Florida street address

Perry, FL

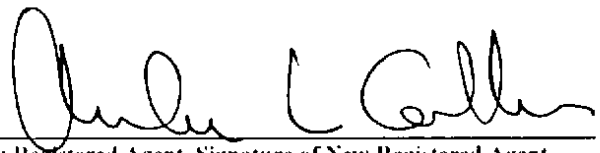
City

Florida 32347

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

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

[illegible]

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Amanda L. Collins

Typed or printed name of signee

Filing Fee: \$25.00