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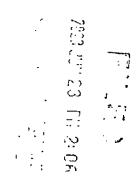
(Requestor's Name)
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Y. SCOTT AUG - 5 2023

COVER LETTER

TO: Registration Se Division of Cor			
SURJECT: H	19h Rock W	line Company L	-10
SUBJECT.	Name of Lin	Tine (amfany) L nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cod	y L. Smith Name of Person	
		Name of Person	2022
	Hisi	Name of Person Britin/Company Pinn/Company Poly Total	1 1 23 FE 22 05
	7439 M	ecaina Dove Texi	1 = =:
		Address	
	Famina (Fring 5 , FL . 32 . City/State and Zip Code	693
		City/State and Zip Code	
	91CLSmith a	o be used for future annual report not	
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
Codin L. S.	mith	267 614	- 8631
Name of	Person	at (357) 514 Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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 Address		Street Address:	
Registration S Division of Co		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of	•
Tallahassee, F	L 32314		e Street, Suite 810
		Tallahassee, FL	. 32 3 03

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Rock Wine	Company LLC	
(Name of the Limited Liability Compar (A Florida Limited I.	iny as it now appears on our records.) Liability Company) //25/21	
The Articles of Organization for this Limited Liability Company Florida document number $21000464/80$		gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Lity Company," the designation "LLC" or the abbreviation "L.L. 240 NE 210th Ave. Cross City, FL 32628	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		' N
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new	registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida City 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 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>	Name	Address	Type of Action
AMBR	Kyndal Smith	7439 Morning Dove Tri	ØAdd
		7439 Morning Dove Tri Fanning Springs, FL 32693	□Remove
			□Change
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Effective date, if other than the date (If an effective date is listed, the date must be spe	of filing:	of filing or more than 90 day	(optional)) L) Posson	ni to 605 0
Note: If the date inserted in this block do	es not meet the applicable s	tatutory filing requiremen	ts, this date	will no	t be listed
document's effective date on the Departm	iem of state's records.				
e record specifies a delayed effective date,	but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) Ti	he 90th c	day after t
rd is filed.			, ,		
The 18th	2023				
Dated 5416 / C	$\frac{2}{\sqrt{2}}$				
_					
Dated Jhne 18th	ure of a member or authorized				

Filing Fee: \$25.00