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☐ PICK-UI	P WAIT MAIL				
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Special Instructions	s to Filing Officer.				
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COVER LETTER

TO:

Registration Section

Divis	sion of Co	rporations		
SUBJECT:	Florida Ha	ppy Hours Wine Distributors	LLC	
_		Name of L	imited Liability Company	
The enclosed A	Articles of	Amendment and fec(s) are so	ubmitted for filing	
		ondence concerning this matte		
		Biff Godfrey		
			Name of Person	
		Godfrey Legal		
			Firm/Company	
		1000 Legion Place, 10th	FL	
			Address	
		Orlando, FL 32801		
		Figgs 10	City/State and Zip Code	
		biff@godfreylegal.com E-mail address:	(to be used for future annual report notif	- Toolion
For further info	rmation co	oncerning this matter, please c		ication)
Biff Godfrey		•		
<u> </u>	Name of	Person	at ()	
			Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	following amount:		· . ·
■ \$25.00 Filin		□ \$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)
Regist Divisio P.O. B	Address: ration Se on of Co ox 6327 assee, FL	rporations	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe	orations llahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Happy Hours Wine Distributors LLC	
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Cor	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed	
Florida document number L22000362685	on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address if applicables	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on a gent and/or the new registered office address here:	our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
	. Florida Zip Code
ew Registered Agent's Signature is the state of the state	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

<u>Title</u>	Name	Address	Type of Action
AMBR	Cynthia Lea Andrawes	17341 Silver Creek Ct., Clermont, FL: 34714	
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			□Remove
			□ Change
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and block does not t	d cannot be prior to o neet the applicabl	date of filing or more t	(optional than 90 days after filin quirements, this dat	(1) Dumunus 1- 405 0207 (2
e record specifies a delayed efferd is filed.	ctive date, but not	an effective time	, at 12:01 a.m. on th	he earlier of: (b) T	he 90th day after the
Dated August 1		2023			
Losy	ladirect				<i>.</i>
	Signature of a	member or authorize	ed representative of a	member	

Filing Fee: \$25.00