

L22000472364

(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:

wrong form

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400413199514

09/04/23 --01019--020 **35.00

FILED

2023 SEP 22 PM 3:29

CLERK OF SUPERIOR COURT

SEP 28 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOOD POUR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GIULIANA ROSSI

Name of Person

GOOD POUR LLC

Firm/Company

533 BALMORAL RD

Address

WINTER PARK, FL 32789

City/State and Zip Code

GIULIANA@GOODPOUR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIULIANA ROSSI

at (407) 257-3503

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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 SEP 22 PM 3:29

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2023

THE GOOD POUR, LLC
533 BALMORAL RD
WINTER PARK, FL 32789

SUBJECT: THE GOOD POUR, LLC
Ref. Number: L22000472364

We have received your document for THE GOOD POUR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Operations Manager A

Letter Number: 123A00021278

and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City *Zip Code*

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|------------------------|---|
| MGR | EKATERINA COUMBAROS | 10024 SERENE WATERS CT | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32836 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | VASSILIS COUMBAROS | 10024 SERENE WATERS CT | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32836 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[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.

Dated SEPTEMBER 22, 2023

Giuliana Rossi Sig.

Signature of a member or authorized representative of a member

GIULIANA ROSSI

Typed or printed name of signer

Filing Fee: \$25.00