L2300014750S

(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.				
J DEMUS \$27 - 0 203				

Office Use Only



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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations					
	TRADITION WINE CLUB L	ıc			
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	CLIVE BOTHA				
		Name of Person			
	AFRICAN TRADITION	WINE CLUB LLC			
	-	Firm/Company			
	12965 SE SUZANNE DR	IVE			
		Address			
	HOBE SOUND Florida	33455			
		City/State and Zip Code			
	blksem7@aol.com	to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c				
CLIVE BOTHA		561 379-8243			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for ti	he 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)		
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ow appears on our records.) Company)
led on 03/23/2023 and assigned
npany here:
any," the designation "LLC" or the abbreviation "L.L.C."
SE SUZANNE DRIVE
E SOUND Florida 33455
on our records, enter the name of the new registe
Enter Florida street address

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
AMBR	DANIEL NICOLAAS ERASMUS	224 BARBADOS DRIVE	□Add
	 -	JUPITER, FL 33458	■Remove
			Change
			DAdd
			□Remove
			□Add
			Remove
			Change
			DAdd
			□Rетюче
			Change
		-	□Add
			Remove
			Change
			□Add
			ПРеглюче
			∏Change

	
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•	
Note:	ive date, if other than the date of filing:
the record ford is li	d 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 led.
Dated	August 31st 2023
	7 2. 1 (11) 1 XX
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00