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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUR IFCT.	BANK	STON CELLARS	LLC	
SCHECT.		•	ited Liability Company	
The enclosed	Articles of Arr	nendment and fee(s) are sub-	mitted for filing.	
Please return a	ıll corresponde	ence concerning this matter	to the following:	
		RANDALL	B. GONZALES Name of Person	
			Name of Person	
			Firm/Company	
		425 BAYSH	TORE DR.	
			Address	
		VENICE FI	City/State and Zip Code	
			City/State and Zip Code	
	-	E-mail address: (i	to be used for future annual report notice	ication)
For further inf	ormation conc	erning this matter, please or	all:	,
R ANDAL	L. R. G	ONZALIZS	//- 20- 2	12.0
11100/	Name of Pe	rson	at (615) 870 - 2 Area Code Daytim	- / _ & e Telephone Number
			•	• • • • • •
Enclosed is a	check for the f	ollowing amount:		
⊠\$ 25.00 Fii	ling 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)
	ing Address:	tion.	Street Address:	
•	stration Sec sion of Corp		Registration Sec Division of Con	
	Box 6327		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BANKSTON CELLARS LLC	
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were florida document number	filed on April 12, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
BANKSLEY HOLDINGS LLC	
he new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SECI ALL/
Principal office address MUST BE A STREET ADDRESS)	CC HAR TO ARREST AREA SEE
	SSC F
Enter new mailing address, if applicable:	7: 30
Mailing address MAY BE A POST OFFICE BOX	©
3. If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Car Chaide and A
	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

Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
		 	Change
			□ Add
			□Remove
			☐ Change
		□ Add	
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			□ Change

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If an effect <u>Note:</u> I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
The !	
	March 7, 2024.
	March 7, 2024. Tandol DR J. O.
The 9	March 7, 2024. Tanka Signature of a member or authorized representative of a member

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