

L23000310144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

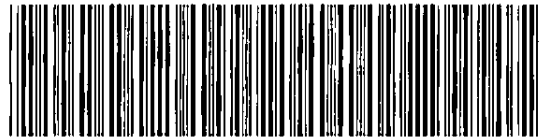
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMASHED WINE BAR 2 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:

NILSA ANDERSON

Name of Person

SMASHED WINE BAR 2 LLC

Firm/Company

7119 W HIGHWAY 98

Address

PANAMA CITY BEACH, FL 32407

City/State and Zip Code

NILSA.ANDERSON12@GMAIL.COM

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

For further information concerning this matter, please call:

NILSA ANDERSON

850 974-7540
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SMASHED WINE BAR 2 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/20/2024 and assigned
Florida document number L23000310144.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7119 W HIGHWAY 98

PANAMA CITY BEACH, FL 32407

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NILSA ANDERSON

New Registered Office Address:

513 HIDDEN ISLAND DR

Enter Florida street address

PANAMA CITY BEACH

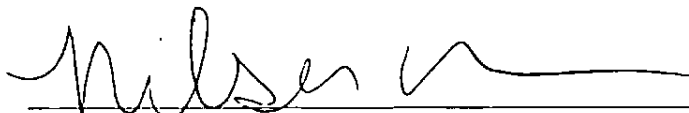
City

Florida 32408

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NILSA ANDERSON	7119 W HIGHWAY 98	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRITNEY NORTON	7119 W HIGHWAY 98	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TERRA D FRITZ	7119 W HIGHWAY 98	<input type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 10, 2024

Nilsen

Signature of a member or authorized representative of a member

NILSA ANDERSON

Typed or printed name of signee