

MD6000005485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

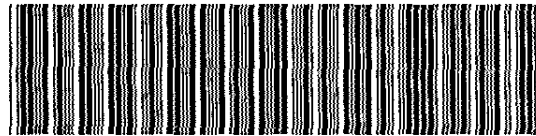
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09/26/07--01002--009 **25.00

FILED

2007 SEP 26 PM 3:53

CLERK OF COURT
JUDICIAL CIRCUIT IN
FLORIDA

CF 25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axiom Wine Company
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Bowles
(Name of Person)

Compliance Connection
(Firm/Company)

P.O. BOX 7838
(Address)

Santa Rosa, CA 95407
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Bowles at (707) 284-2828 x314
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Axiom Wine Company LLC
2. Jurisdiction of its organization: California
3. Date authorized to do business in Florida: 10/03/2006

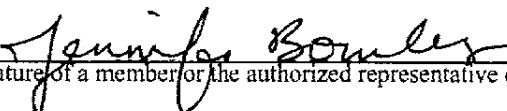
SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 8/8/2007
5. New name of the limited liability company: 585 Wine Partners LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:
n/a
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
n/a
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Jennifer Bowles

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 SEP 26 PM 3:53

FILED

State of California
Secretary of State

CERTIFICATE OF GOOD STANDING
CALIFORNIA LIMITED LIABILITY COMPANY

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **9th day of September, 2005, 585 WINE PARTNERS LLC**, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of September 7, 2007.



Debra Bowen

DEBRA BOWEN
Secretary of State



**State of California
Secretary of State**

**LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT**

ENDORSED FILED
In the Office of the Secretary of State
of the State of California

JAN 10 2007

A \$30.00 filing fee must accompany this form.

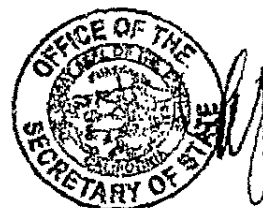
IMPORTANT - Read Instructions before completing this form.

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1. SECRETARY OF STATE FILE NUMBER 200525510172	2. NAME OF LIMITED LIABILITY COMPANY Axiom Wine Company, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.	
A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "LLCO.") 585 Wine Partners LLC	
B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S) </div> </div>	
C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:	
D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.	
4. FUTURE EFFECTIVE DATE, IF ANY: <div style="display: flex; justify-content: space-around; width: 100%;"> MONTH DAY YEAR </div>	
5. NUMBER OF PAGES ATTACHED, IF ANY: 0	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTES THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 45%;"> _____ <small>SIGNATURE OF AUTHORIZED PERSON</small> Daniel T. Leese, Manager </div> <div style="width: 45%;"> _____ <small>SIGNATURE OF AUTHORIZED PERSON</small> Douglas A. Walker, Manager </div> <div style="width: 10%; text-align: center;"> 1/5/07 _____ <small>DATE</small> </div> </div>	
7. RETURN TO: <div style="display: flex; margin-top: 10px;"> <div style="width: 30%;"> NAME FIRM ADDRESS CITY/STATE ZIP CODE </div> <div style="width: 70%;"> Theresa M. Gates, Paralegal Carle Mackle Power & Ross LLP 100 B Street, Suite 400 Santa Rosa, CA 95401 </div> </div>	



State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 17 2007

A handwritten signature in cursive script that reads "Debra Bowen".

DEBRA BOWEN
Secretary of State