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T. **MATTHEWS**JAN 2 8 2022

COVER LETTER

Divis	stration Secti sion of Corpo				
SUBJECT:		ne & Spirits LLC			
_	-	Name of Limi	ited Liability Company		
The enclosed	Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return :	all correspond	ence concerning this matter	to the following:		
		Jeffrey Chen			
			Name of Person		
			Firm/Company		
		1010 SW 2nd AVE			
			Address		
		Miami, FL 33130			
			City/State and Zip Code		
			o be used for future annual r	report notification)	
For further inf	ormation con-	cerning this matter, please ca	ill:		
Diandra Junco)		305 742	2-2800	
	Name of P	erson	Area Code	Daytime Telephone	Number
Enclosed is a	check for the	following amount:			
≘ \$25.00 Fi	ling Fec	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

1010 Fine Wine & Spirits, LLC

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

1.17000110337	Tree fried on	and assigned
Florida document number 1.17000119227		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1010 SW 2nd AVE	
(Principal office address MUST BE A STREET ADDRESS)	maddress MUST BE A STREET ADDRESS) Miami, FL 33130 1010 SW 2nd AVE Miami, FL 33130 Miami, FL 33130 Miami, FL 33130 Miami, FL 33130	
Enter new mailing address, if applicable:	1010 SW 2nd AVE	
(Mailing address MAY BE A POST OFFICE BOX)	new maning aduress, it applicable:	
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address:	Part Harida	
New Registered Office Address:	Enter Florida street addr	
New Registered Office Address:		
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:		ess Florida 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>	Address	Type of Action
			□Add
			□Remove
			□Chunge
			□Add
			Remove
			☐ Change
			□Add
		-	☐ Change
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If an effective date is listed Note: If the date inser	er than the date of filin I, the date must be specific an ted in this block does not a ate on the Department of S	d cannot be prior to meet the applicab	date of filing or more the statutory filing req	(optiona an 90 days after fili uirements, this da	ng.) Pursuant to 605.0207
e record specifies a del rd is filed.	ayed effective date, but no	t an effective tim	e, at 12:01 a.m. on th	e earlier of: (b)	The 90th day after the
Dated		, <u>2022</u>)	··		
	1 /				

Filing Ree: \$25.00