

L19000165582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

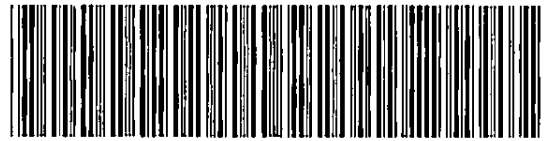
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DEPARTMENT OF STATE
TALLAHASSEE, FL

2025 SEP -9 PM 3:34

FILED

AB
9/10/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Warped Wines, LLC
Name of Limited Liability Company

2025 SEP -9 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tashia Mustafa
Name of Person

Warped Wines, LLC
Firm/Company

11985 Stoneport Place
Address

Riverview, FL 33569
City/State and Zip Code

tmustafa813@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tashia Mustafa at (813) 787-9732
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**

Warped Wines, 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 6. 27. 2019 ^{2025 SEP 19 PM 3:34} and assigned
Florida document number L19000168583

SECRETARY OF STATE
TALLAHASSEE, FL

This amendment is submitted to amend the following:

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

Mahogany Rose & Co. LLC ^{at} Mahogany Rose
and Company Brands, LLC

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)

11232 Boyette Rd.

1269

Riverview, FL. 33569

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11232 Boyette Rd.

1269

Riverview, FL. 33569

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change

2025 SEP -9 PM 3:35
SULLY COUNTY OF STATE
TALLAHASSEE FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2025 SEP -9 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record 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 record is filed.

Dated June 28, 2025.

Signature of a member or authorized representative of a member

Tashia Mustafa

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2025

TASHIA MUSTAFA
11985 STONEPORT PLACE
RIVERVIEW, FL 33569

SUBJECT: WARPED WINES, LLC
Ref. Number: L19000168583

We have received your document for WARPED WINES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CAN NOT HAVE "CO" IN YOUR AMENDING NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 925A00018843

