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PICK-UP WAIT MAIL	
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Filing for Global Wines, LLC

Return Address: 14065 NW 8th ST Sunrise, FL 33325

COVER LETTER

Registration Section Division of Corporations

TO:

Global Win	nes, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	ALEJANDRO GALLI		
	•	Name of Person	
	GLOBAL WINES, LLC		
	···	Firm/Company	
	14065 NW 8th Street - Un	it 11	
		Address	
	Sunrise, FL 33325		ZOZ3 HAY 30 SEGNETARA
		City/State and Zip Code	
	ALEJANDROGALLI@GN		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	PH 2: 23 SEE. FL
ALEJANDRO GALLI		305 303 7378	·Fri ω
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

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

GLOBAL WINES, LLC			
(Name of the Lim	ited Liability Co. (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited I	iability Compa	any were filed on ^{04/04/}	2004 and assigned
	zidomi, comp		
Florida document number H04000084039	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited l	iability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
	lankla.		
Enter new principal offices address, if appli		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u> </u>	
Enter new mailing address, if applicable:			2023 TAU
(Mailing address MAY BE A POST OFFICE	E BOX)		
			The Co
			22 O I
B. If amending the registered agent and/or	registered offi	ce address on our reco	rds, enter the name of the new registe
agent and/or the new registered office addr	ess here:		77 % U
			77 23
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida	street address
			Elovido
		Citv	, Florida Zip Code
		•	•

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
мемв	CARLOS W.D. MAROTTA	1368 SEAGRAPE CIRCLE - WESTON, FL 33326	□Add
			=Remove
			□Change
			□Add
			□Change
		<u></u>	ZO□Add
		2-73 2-73	ZODAdd AY □ Remove 80
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Filing Fee: \$25.00