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COVER LETTER

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SUBJECT:		ne & Spirits, LLC					
Name of Limited Liability Company							
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please retur	n all cоrrespo	ndence concerning this matter	to the following:				
		Paolo E. Franchi					
		Cantina Wine & Spirits, LI	Name of Person				
		4101 Ravenswood Road	Firm/Company				
		Fort Lauderdale, FL 33312	Address				
		License@AandMWinc.com					
For further i	information co	E-mail address: (to oncerning this matter, please ca	to be used for future annual report noti	fication)			
Paolo E. Fra	anchi		305 218-7769				
	Name of	Person	Area Code Daytim	e Telephone Number			
Enclosed is	a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANTINA WINE AND SPIRITS, 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 11/03/2008 _ and assigned Florida document number L08000102871 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 "LEC. 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) 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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

_ Florida _

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
MGR VA.M.	Mario Taverna	18181 NE 31 St Court #1506	
		Aventura, FL 33160	■ Remove
			Change
AMBR	Paolo E. Franchi	8856 SW 59 Lane	
		Miami, FL 33173	Remove
MGR	Steven R. Michels	400 S US Hwy 1 Unit 501	■ Add
		Jupiter, FL 33477	☐ Remove
			☐ Change
			Add
		-	□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			□ Change

				 			
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Effective	date, if other the date is listed, the the date inserted in	date must be specifi n this block does r	c and cannot be pri- not meet the appl	icable statutory fil	more than 90 days a	ptional) after filing.) Pursuant t this date will not b	o 605.0207 e listed as t
f an effecti Note: If t	's effective date o		in state steeme	1.7.			
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Filing Fee: \$25.00