L09000053346

(Re	questor's Name)	
(112	questor s reame,	
(Ad	dress)	
(u,	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
·	·	·
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Arrene	,	
W. 1		





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T. Burch DEC. 5 2013

	<i>.</i>	COVER LETTER	
TO: Registration Sect		*	.
Division of Corp.	- <i>L</i> .	. / //0	
SUBJECT:	LNTER WI	neless LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	CesAR	O. Fuenzalida	
		Name of Person	
	Inter	Wineless LLC	
		Firm/Company	
	11580	SW 30 * Sta	eet NO. 308
	MIRAMAN		25
		City/State and Zip Code Interwineless. US	
and the second	· :.	o be used for future annual report notificat	ion)
For further information cor	cerning this matter, please co	all:	
_ Cesar O.	FUENZAlida	at (786) 33 8 - 67 Area Code & Daylime To	23
Name of I	Person	Area Code & Daytime To	elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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**

Inter Wines	less LLC
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) Solitive Company
The Articles of Organization for this Limited Liability Company we Florida document number <u>L0900053346</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	
Enter new principal offices address, if applicable:	11580 SW 30th Street
(Principal office address MUST BE A STREET ADDRESS)	11580 SW 30th Street No. 308 MIRAMAR Fl. 33025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11580 SW 30th Street NO. 308 MIRAMAR FR 33025
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	AR O. FURNZALIDA
New Registered Office Address: //580	5W 30th Street No. 308
Mir	Enter Florida street address AMAL , Florida 33025 City Zip Code
New Degistered Agent's Signature if changing Degistered Agents	

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 608, 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

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Type of Action Name 1 Ribera, Daniel 7389 NW 54 Street MGRM MGRM Fuenzalida, Cesar O. 7389 NW 54 Street Add Miami Fl. 33166 Remove MGRM Fuenzalida, Cesar O. 11580 SW 30 TT. Dadd NO. 308 Miraman Fl. 33025 MGRM Fuenzalida, JOANNA R. 11580 SW 30th St. Add Remove Remove

u. II an	nending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)		
			-	
			-	
			-	
Dated	Nopember 22, 2013			
	Signature of a member or authorized representative of a member Euenzalida, Cesar O.		<u>-</u>	
	Fuenzalida, Cesar O. Typed or printed name of signee			
	Page 3 of 3			
	Filing Fee: \$25.00			
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