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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CV Tuscany Wine Imports, L.L.C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tara Scott Metellus, Esq. Name of Person
Law Offices of Tara J. Scott, P.A. Firm/Company
8950 9th St. N., Svite 204
51. Petersburg, FL 33712 City/State and Exp Code
tscott@suchatime asthis.org E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Automotion Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$60.00 Filing Fee, \$\ \text{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

(Name of the Limited Liability Comp (A Florida Limited	anv as it now	Appears on o	L.L.C	••		
The Articles of Organization for this Limited Liability Compan	•	· · · · ·	eil, aoic	and a	ssigne	:d
This amendment is submitted to amend the following:		•				
A. If amending name, enter the new name of the limited lia	bility compa	ny here:	,			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability	Company," th	e designation "L	LC" or th	e abbro	 viation
Enter new principal offices address, if applicable:		······································				
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	-5 -	
				CILETAI LAHAS	===	I commen
Enter new mailing address, if applicable:				<u> </u>		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			 	FLORIDE	M : 38	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s on our re	cords, <u>enter t</u>	he name	of th	ie new
Name of New Registered Agent:						
New Registered Office Address:			}			
New Registered Office Address.	Enter Florida street address					
			, Florida	•		
	City			Z ip Co	ode	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>					
					,	

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

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> **Address** Name **Type of Action** Frederico Vanni Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00