L10000084451

(Re	equestor's Name)	<u>.</u>		
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AUG 2 6 2015 T. HAMPTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: SAW	RAFAEL WINAN Name of Lim	ay LLC	
	, tand et ism	out change of the same	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RICHARD	G. TOLEDO, ESQ Name of Person	
		Name of Person	
	•	Firm/Company	
	21 58, 14	Address 10" F	Toor
		Address	
	MIAMI	LAKES, FL. 331	31
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	Teation)
For further information co	oncerning this matter, please ca	all:	
2. chard tel	edo Esq.	at (365) 577	1.9977
Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	e following amount:		
,	•	D 666 00 EW E 0	□ 640 00 E'E'. E
\$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

Or			
SAN RAFAEL WINARY, LLC			ARY ARY
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appo	ears on our records.)	
			FI OR III
The Articles of Organization for this Limited Liability Company w	vere filed on _	08/12/2010	and essigned
Plorida document number <u>L10000084451</u> .			•
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company	<u>here</u> :	
SAN RAFAEL WINE CONSULTING, LL			
The new name must be distinguishable and contain the words "Limited Liability	y Company," th	e designation "LLC" or th	e abbreviation "L.L.C."
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)			<u></u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	_/_		
New Registered Office Address:		Florida street address	
		. Florida	
	City	, riorida	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> **Address Type of Action** □ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove □ Change _□ Add □ Remove ☐ Change _□_Add D. Remove _□cAnda □ Remove ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if near	cessary.)	
,		
		
		
		
	Agree	
		
	to the state of th	_
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	tional) er filing.) Pursuant to his date will not be	605.0207 (3)(listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the ea	rlier of:
Dated August 21, 2015,		
ammo Jan	15 I SEI	
Signature of a member or authorized representative of a member	MCIVE S	- Mariana El F
LUCIAND FIORI Typed or printed name of signee	25 P	
Typed of printed name of signed	F 21	Ö
Page 3 of 3	SE S	

Filing Fee: \$25.00