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| (Re | equestor's Name) |
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| (Bu | isiness Entity Name) |
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| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2017

JOSHUA GIANCARLO 5808 GRANT ST HOLLYWOOD, FL 33021

SUBJECT: CENTO VINO NWC LLC Ref. Number: L10000121181

We have received your document for CENTO VINO NWC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 417A00016583

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Cento Vino NWC LLC | | | | | |
|--|---------------------|---|----------------------------------|--------------|-----------------|
| (Name of the Lim | A Florida Limited | any as it now appears on our re Liability Company) | rcords.) | | |
| The Articles of Organization for this Limited I Florida document number <u>L10000121181</u> | Liability Company | were filed on $\frac{11/22/2010}{2000}$ | | _ and ass | igned |
| This amendment is submitted to amend the fol | llowing: | | | | |
| A. If amending name, <u>enter the new name</u> | of the limited liab | pility company here: | | | |
| Get Lucky Group, LLC | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the designation ' | "LLC" or the abbr | eviation "L. | L.C." |
| Enter new principal offices address, if applicable: | | 331 N Trask St | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Tampa, FL 33609 | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | 331 N Trask St | : | 17 A | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Tampa, FL 33609 | 2 2 | 5 | |
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| | | z | | <u> </u> | Ť |
| B. If amending the registered agent and registered agent and/or the new registered of | | | ords, enterate | ie name | of <u>the</u> n |
| Name of New Registered Agent: | Joshua Gianca | To Attorney At Law, LLC | | | |
| New Registered Office Address: | 5808 Grant St | | | | |
| | | Enter Florida street a | ddress | | |
| | Hollywood | | <u>, Florida ³³⁰²</u> | | |
| | | City | | 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

Page 1 of 3

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> | Name | Address | Type of Action |
|--------------|----------------|-----------------------|--|
| MGR | Kimberly Mitow | 133 Carlyle Drive | 🖸 Add |
| | | Palm Harbor, FL 34683 | Remove |
| | | | C Change |
| MGR | Jason Mitow | 30725 US Highway 19 | |
| | | Unit 169 | Remove |
| | | Palm Harbor, FL 34684 | Change |
| MGR | Joseph Rosati | 331 N. Trask St. | Add |
| | | Tampa, FL 33609 | C Remove |
| | | | Change |
| | | | 🖸 Add |
| | | | Remove |
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| | -100 pt | | 🗆 Add |
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|-----|------------------------------------|-----------------------|---|
| ۰D. | If amending any other information, | enter change(s) here: | (Attach additional sheets, if necessary.) |

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| e date, if other than the date of filing: | (onti | anal) Strain |

E. Effective date, if other than the date of filing: ______(optional) $\sum_{i=1}^{i_{i}} \sum_{j=1}^{i_{i}} \sum_{j=1}^{i_{i}}$ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

£

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 15 . 2017. Multiple Rosati Signature of a member or authorized representative of a member

Joseph Rosati

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Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00