Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000113445 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALONSO & GARCIA, P.A.

Account Number : I20020000031 : (305)448-3898 Phone

Fax Number : (305)443-9073

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.**

Email Address: 22 47 20 A ONGO - SACAR-CON.

Email Address: best 422 Alongo - Sat 90-Col

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KAMADI IMPORT CHILE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

APR 27 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAM/	ADI IMPO	RTCHILE	LC			
(Name of the Limited L.) (A F	lorida Limited	Liability Company	y)	<u>)1 (16.</u> j		
The Articles of Organization for this Limited Liab Florida document number		y were filed on _	04/12/2	011 and ass	igned	
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	he limited lial	bility company l	here:			
WINE	S TO THE	WORLD, LL	С			
The new name must be distinguishable and end with t	the words "Lim	iited Liability Cor	npany," the desig	mation "LLC" or the	bbreviation	
Enter new principal offices address, if applicab	le:	N/A_		The .		
(Principal office address MUST BE A STREET.	ADDRESS)			Ęś	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			15.	75	
					200	
Enter new mailing address, if applicable:		N/A		ines :	200 []]	
(Mailing address MAY BE A POST OFFICE BOX)				r (0 d		
				32	رنت - ادر ب	
					P.	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of e address her	ffice address or re:	n our records,	enter the name o	f the new	
Name of New Registered Agent:	N/A					
New Registered Office Address:						
			Enter Florida street address			
_			, Flo	rida		
		City	,	Zip Corle		
New Registered Agent's Signature, if changing Reg	istered 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 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 Minnagers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member heips added or removed from our records:

	= Managing Member		
Title	Name	Address	Type of Action
<u> </u>			Add Remove
•			Add Remove
			Add Remove
			Add Remove
			Add Remove
D, Ifat		s) here: (Attach additional sheets; if necessary.)	APR 26 AM
			OF STATE FLORIDA
Dared _		H	
		is all from the free of a mentoes	
	Typed o	EIRA-BAHAMONDEZ T printed name of signee	

Page 2 of 2