L11000656680

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T. HAMPTON

JAN - 5 7912

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpora		j e r					
SUBJECT: Southern Wines, LLC								
		Name of Limi	ted Liability Company					
The en	closed Articles of Ame	ndment and fee(s) are sub	omitted for filing.					
Please	return all corresponden	ce concerning this matter	to the following:					
		Si	ergio Anibal Gonzalez					
			Name of Person					
			Firm/Company					
			1601 NE 48 Court					
	_	·	Address		,			
Oakland Park, FL 333								
	_		City/State and Zip Code					
sergio3@bellsouth.net E-mail address: (to be used for future annual report notification)								
For fu	rther information conce	rning this matter, please c	•	ouricator)				
		Gonzalez	at (954)	309-4040	· · · · ·			
	Name of Pers	on.	Area Code & Day	ytime Telephone Number				
Enclos	sed is a check for the fol	llowing amount:						
□\$ 25	5.00 Filing Fœ	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclo	osed) Certified	te of Status &			

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

SECRETARY OF STATE DIVISION OF CORPORATIONS

South	ern Wines, LLC	12 JAN -3 PM 2: 49		
(Name of the Limited Liability (A Florida L	Company as it now apper imited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Co Florida document number L11000056680	ompany were filed on	05/13/2011 and assigned		
	_			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company h	ere:		
Bue	en Vino, LLC			
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Com	pany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR.	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	 			
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	E	nter Florida street address		
	. Florida			
	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 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					
Title	Name	Address	Type of Action		
			Add Remove		
			Add Remove		
<u>.</u>			Add Remove		
			Add Remove		
,			Add Remove		
			Add Remove		
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	FILED SECRETARY OF STATE DIVISION OF CORPORATION 12:50		
 Dated		2 n 3 C	- - , /		
	Signature of a member	r or authorized representative of a member	<u>12/30/11</u>		
	Serg	pio Anibal Gonzalez or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00