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J. SAULSBERRY **EXAMINER**

FEB 29 2012

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:	ENV Austria	an Stemware L.L.C.	
		Name of Lim	ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	to the following:	
			Eric Achenbach	
			Name of Person	
		ENV	Austrian Stemware L.L.C.	
			Firm/Company	
		15.	100 SW 122 Ave. #1204	2012 FEB 2
			Address	
				ASS 27
			Miami, Florida 33186 City/State and Zip Code	
		0.		FLOS 49
		E-mail address: (ricwine@bellsouth.net to be used for future annual report notification)	RE 8
For fur	ther information	concerning this matter, please	call:	
		ic Achenbach	at (305) 310-102	
	Name	of Person	Area Code & Daytime Telephone	e Number
Enclose	ed is a check for	the following amount:		
\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regisi Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/COURIER ADDING Registration Section Division of Corporations Clifton Building	RESS:

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EN'	V Austrian	<u>Stemware L.L</u>	.C.		
(Name of the Limite	<u>d Liability Com</u> A Florida Limite	pany as it now appe: d Liability Company)	ars on our records	<u>.</u>)	
The Articles of Organization for this Limited I Florida document number 90022221		ny were filed on	February 16, 2	2012 and as	signed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited li	ability company he	<u>ere</u> :		
		a L.L.C.			
The new name must be distinguishable and end w "L.L.C."	ith the words "Li	imited Liability Comp	pany," the designati	on "LLC" or the	abbreviatio
Enter new principal offices address, if appli	cable:	N/A		7A.E. 5	
(Principal office address MUST BE A STREET ADDRESS)				2FEB	<u>1-i</u>
		b.I/A		2 FEB 27 AM	4
Enter new mailing address, if applicable:	N/A		25 6	Topy part	
(Mailing address MAY BE A POST OFFICE BOX)				9: 20	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>en</u>	ter the name (of the nev
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		E	nter Florida stree	t address	
			, Florid		
		City		Zip Cod	e

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add Remove
	N/A		☐ Add ☐ Remove
	<u>N/A</u>		☐ Add ☐ Remove
-	N/A		Add Remove
	N/A		Add Remove
	N/A		∏Add ∐Remove
D. If ai	N/A	ion, enter change(s) here: (Attach additional sheets, if necessary.) ALL ARETARY OF STATE ARETARY OF STATE FLORIDA	FILED 2012 FEB 27 AM 9: 20
Dated _	Feb 23	<u> </u>	
	Sian.	ature of a member or authorized representative of a member	
	Sign	ature of a member or authorized representative of a member Eric S. Achenbach	
		Typed or printed name of signee	 .

Page 2 of 2

Filing Fee: \$25.00