Division of Corporations
Electronic Filing Cover Sheet

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.

(((H120002145073)))

Division of Corporations Fax Number : (850)617-6383  From:  Account Name : ANGELO & BANTA, P.A. Account Number : I20020000109 Phone : (954)766-9930 Fax Number : (954)766-9937  The email address for this business entity to be used for future 67 Inual report mailings. Enter only one email address please. Service of the state of th	. DO NO.	hit the REFRESH/RE Doing so will ger	ELOAD button onerate another c	on your brow over sheet.	ser from this pa	<u> </u>
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AUG 29 2012

Electronic Filing Menu

Corporate Filing Menu

Help EXAMINER

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## **COVER LETTER**

TO: Registration Division of C	i Section Corporations			
SUBJECT:	ANGELOS WIN	NE BAR WESTON, LLC	<b>&gt;</b>	
	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.	٠,	
Please return all corre	spondence concerning this matte	er to the following:		
	тно	OMAS P. ANGELO, ESQ.		
		Name of Person		
	A	NGELO & BANTA, P.A.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	515 EAST LA	S OLAS BOULEVARD SU	ITE 850	
	•	Address		
	FORT LA	UDERDALE, FLORIDA 33	301	
		City/State and Zip Code	<del></del>	
	·TP	A@ANGELOLAW.COM		
	E-mail address:	(to be used for future armuel report not	Line 1	
For further information	n concerning this matter, please	call:		manig.
THO	MAS P. ANGELO	at ( 954 )	766-9930 924 №	el Louis de la constante de la
Nam	c of Person		ne Telephone Number	ij grange
			<u> </u>	∯ 6 Isaas
Enclosed is a check for	r the following amount:		<b>3 9</b>	سريا
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGELOS WINE BA	<u>AR WESTON</u>	<u>, LLC</u>	· · · · · · · · · · · · · · · · · · ·		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company  Florida document number			and ass	igned	
This amendment is submitted to amend the following:					•
A. If amending name, enter the new name of the limited liab	ility company her	<b>a:</b>			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Compa	ny," the designation "LI	.C" or the a	_ bbreviat	_ tion
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDRESS)					_
			5 cg	(T)	
				7~3 <b>₹</b>	march 5
Enter new mailing address, if applicable:			到型	<b>€</b> 63	gade de distribuit
(Mailing address MAY BE A POST OFFICE BOX)			# <del>**</del>	00	mež 5
Manning Bourcest (MII MA II - VOA WA AAGA AGA		<u> </u>	जिल्ल	7	- [1]
				C <sub>2</sub>	<b>–</b> [],
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter th</u>	e name o	f the n	<u>iew</u>
Name of New Registered Agent:			<u> </u>	_	_
New Registered Office Address:	_				
	Ent	er Florida street addr	<b>3</b> 5		_
		, Florida			
· <del></del>	City		Zip Code	,	_
New Registered Agent's Signature, if changing Registered Agenti					

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

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MGR - Manager

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:

Title	<u>Name</u>	Address	Type of Action
MGR_	Antonio ELIA	4215 NORTH FEDERAL HIGHWAY FORT LAUDERDALF, FLORIDA 33301	_[7] Add B. ☐ Remove
MGRM	LEFANO ANGELO ELIA	4215 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FLORIDA 33304	Add Remove
			Add Remove
			Add Remove
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			Reinove Reinove 
D. If amend	ling any other information, enter ci	hange(s) here: (Attach additional sheets, if necessary.)	2 1 1 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
			- - -
 Dated	AUGUST 28	25/2	_
	Signifuse of a me	poor or authorized representative of a member	

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00