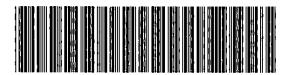
L12000/03443

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J. BRYAN

SEP - 4 2012

EXAMINER

COVER LETTER

	egistration Section 1 ivision of Corporations		
SUBJECT	PREMIER V		
		nited Liability Company	
The enclos	ed Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please retu	m all correspondence concerning this matte	er to the following:	
		Francesco Balli Name of Person	FILE 2.21
		Compultation Inc.	3 17
		Consultecnica, Inc. Firm/Company	Reg 2 C
2950		SW 27 Avenue, Suite 100	2:21
		Address	
		Miami, Florida 33133	
	fhall	City/State and Zip Code	
	E-mail address:	li@consultecnicausa.com (to be used for future annual report notificat	ion)
For further	information concerning this matter, please	call:	
	Francesco Balli	at (31-6194
	Name of Person	Area Code & Daytime T	elephone Number
Enclosed is	a check for the following amount:		
\$25.00	Filing Fee \$\(\text{Signature} \) \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section	
	Division of Corporations	Division of Corporati	ons

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER WINE				
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appear lability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	08/13/2012	and assigned	
Florida document number <u>L12000103443</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :		
PRIME WINE IMI	PORTS, LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicable:	<u> </u>	量以		
(Principal office address MUST BE A STREET ADDRESS)				
			<u>ω</u> ω	
		•	3 3 0	
Enter new mailing address, if applicable:			77 72	
(Mailing address MAY BE A POST OFFICE BOX)		-	8	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	Add Remove TILED PH 2: 22
Dated	AUGUST 28 , 20	512 12	
	- /	r of authorized representative of a member	
	Francesco	Balli, Managing Member I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00