

10/15/2013 15:02 F

Division of Corporations

L12000151518

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000229265 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BAKER & MCKENZIE
Account Number : 074222002135
Phone : (305) 789-8900
Fax Number : (305) 789-8953

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

Email Address: stewart.kasner@bakermckenzie.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARCO OLIVIERI AGENCY LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

RECEIVED
13 OCT 15 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 OCT 15 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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

Marco Olivieri Agency LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 4, 2012 and assigned
Florida document number L12000151518

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

D.O.C.G. Italian Wine Courtiers LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:Alessandro BerselliNew Registered Office Address:9601 Collins Avenue, PH 205

Enter Florida street address

Bal HarborFlorida 33154

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

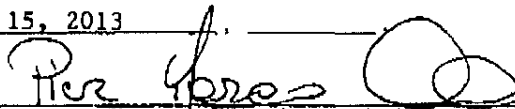
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 15, 2013



Signature of a member or authorized representative of a member

Pier Marco Olivier

Typed or printed name of signer

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Filing Fee: \$25.00

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