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SECRETARY OF STATE TALLAHASSEF, FLORID

FILED

C. LEWIS

DEC 1 0 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: FOR	ZA WINE IMPO Name of Limit	onTS LLC ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filling.	
Please return all corresponde	nce concerning this matter	to the following:	
_	FRANK	VINCENT ESPOSITO Name of Person	
		Name of Person	
	FORZA L	VINE IMPORTS LLC Firm/Company	
-		Firm/Company	, , , , , , , , , , , , , , , , , , ,
_		ROGGY CREENE RD Address	
		Address	
-	ORLANDO,	FL 32824 City/State and Zip Code	
_	FOR ZA WINE IMP	PORTS @ GMAIL. COM	ion)
For further information conc	erning this matter, please co	all:	,
FRANK ESPO		at (407) 222 - Area Code & Daytime T	1162
Name of Pe	rson	Area Code & Daytime To	elephone Number
Enclosed is a check for the fa	ollowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S60.00 Filing Fee, 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

APPROVEU AND FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 DEC -9 PM 3: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	i			IMELA	nwoper ufosiby
FORZA WI	NE IMPORT	rs LL	C		
(Name of the Limited)	Liability Company	as it pow appe	ais on our	records.)	
				,	
The Articles of Organization for this Limited Li	ab ility Company w	ere filed on	4/22	/13	and assigned
Florida document number <u>L13 000 0 5</u>			•	•	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company h	ere:		
The new name must be distinguishable and end with "L.L.C."	the words 'Limited	d Liability Com	pany," the d	lesignation '	LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREET	(ADDRESS)				
Enter new mailing address, if applicable:		11298	<u>R</u> o (- (-7 Cpo	ex 20.
(Mailing address MAY BE A POST OFFICE BOX)		UNK	# 109		er Ro.
		ORLAN	00, FL	328.	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered of			our reco	rds, <u>enter</u>	the name of the new
Name of New Registered Agent:	ESTOS	170, F	RAM	VINCE	Vm # 109
New Registered Office Address:	11298	BOGGT	Core	x Ro.	Um # 109
		I	inter Floria	da street ad	dress
	ORLAMO			Florida_	32824 Zin Code
		City [,]		_	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. Ifurther 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>:

MGRM = N	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
***************************************		·····	Add				
			Remove				
			Kanbve				
			Add				
			Remove				
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			Add				
			Remove				
			Residue				
			Add				
			Remove				
			—				
	Management State of S		Add				
			Remove				

APPROVED

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00