L13000058287

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UAN OF 2014

COVER LETTER

	Registration Sec Division of Corp					
SUBJEC	T: <u>FOR</u>	2ZA WINE	MPORTS	LLC		
		Name of	Limited Liability C	ompany		
The enclo	osed Articles of A	umendment and fee(s) an	e submitted for fili	ng.		
Please ret	um all correspon	dence concerning this m	ntter to the followi	ng:		
		FRANK	ESPOSIT	o		
			ESPOSITI Name o	f Person		
		(. 1			
		TORZA	MINE (N	PORTS		
		11100	BO667 (CRUZIL RD.	UNIT 100	1
		· · · · · · · · · · · · · · · · · · ·	Add	CREEK RD.		
		ORLAND,	FL S	Z824 ad Zip Code		#2 T
		_	City/State ai	nd Zip Code		ω C pmm
		For ZA WING	ess: (to be used for t	G-MAIL, Com inture annual report notifica	ution)	5 70 (1
T. C.4.					- ,	PH IZ: 0
FOT ILITAR	er minormation co	nceming this matter, ple	ase can:			# 12: 06
FR	AML ESI	07,209	c Y	07, 222-1	1162	
	Name of	Person	Arc	a Code Daytime T	elephone Number	
		e following amount:				
\$25.0	0 Filing Fee	LI\$30.00 Filing Fee & Certificate of Stat	us Certifi	Filing Fee & ied Copy ional copy is enclosed)	□\$60.00 Filing Certificate o Certified Co (additional c	f Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORZA WINE IMP	ORTS LLC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on Aparl 22, 2013 and assigned
Florida document number <u>L13000058287</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here: ()/A
The new name must be distinguishable and end with the words 'Lin'L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	11100 ROGET CARREL RD.
(Principal office address MUST BE A STREET ADDRESS)	UNIT 109 PH ==
•	ORLAMO, FL 32824
Enter new mailing address, if applicable:	11100 BOLGT CAME RO. TO TO
(Mailing address MAY BE A POST OFFICE BOX)	VNIT 109 50 5
	ORLAMO, FL 32824 27 0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
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	^E (~ A)
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is

MGR = N	Member being added or removed from I anager Authorized Member	NIA)	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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			Add
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			2813
			me 7
			LORIUM ORIUM
			Add
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			Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effe (If an ei	date, if other than the date of filing: (optional) e date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
	date, if other than the date of filing:(optional) e date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b) ECEMBER 26 TH., 2013

Page 3 of 3

Filing Fee: \$25.00

