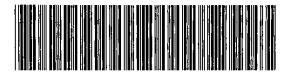
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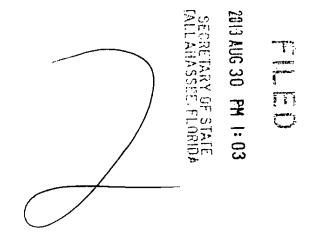
(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section
Division of Corporations

White Brothers LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andres F. Montoya		
Name of Person		
Firm/Company		
P.O. Box 455		
Address		
Gotha, FL 34734		
City/State and Zip Code		
andres & the winebarn net		
E-mail address: (to be used for future annual report notification)		

For further information concerning this matter, please call:

Andres F. Montoya

_{...}407 **342-0731**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wine Brothers, LLC

company has been notified in writing of this change.

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

The Articles of Organization for this Limited Lia Florida document number L13000063237	ability Company	were filed on <u>04/29/201</u>	3 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the d	esignation "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: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/o registered agent and/or the new registered office. Name of New Registered Agent:	r registered off lice address here	P.O. Box 455 Gotha, FL 34734 ice address on our reconstitution	SECRETARY OF STEE OF the new 33 steer the manne of the new 33 steer the ne
F401 S. Kirkman Bd. Suita 310			10
New Registered Office Address:	04010.10		a street address
	Orlando		Florida 32819
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as regis being filed to merely reflect a change in the r	roper and compl stered agent as p	lete performance of my du povided for in Chapter 60	ties, and I am familiar with and 8, F.S. Or, if this document is

Page 1 of 3

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:

MGRM = Managing Member		Undate Address			
<u>Title</u>	<u>Name</u>	Address Type of Action			
MGR	Andres F. Montoya	Update Address Address P.O. Box 455 Add Add			
		Gotha, FL 34734			
		Add			
		Remove			
		Add			
		Remove			
		Add			
		Remove SECRETARY Add Add Add			
		Add Remove			
		Add			
		Add			
		Remove			

f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
_					
-					
-					
_					
1					
	Signature of a member or authorized representative of a member				
	Andres F. Montoya				
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 30 PM 1: (