

Florida Department of State
Division of Corporations
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Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HIDALGO WINES OF TAMPA LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Amend

APR 22 2020

I ALBRITTON

Articles of Amendment to LLC Articles of Organization of
Hidalgo Wines of Tampa LLC

The Articles of Organization for this Limited Liability Company were filed on
2014-12-04 and assigned Florida document number
L14000184763.

This amendment is submitted to amend the following:

Change of Managing Members:

Duffoo, Barbara (MGRM): 2% to be removed as Managing Member

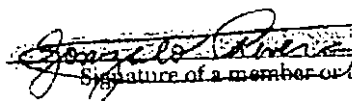
New Managing Member structure as follows:

Chavez, Enrique (MGRM): 2%

Rivera, Gonzalo (MGRM): 98%

These articles of amendment were adopted on _____

Dated 2020-04-20


Signature of a member or authorized representative of a member

Gonzalo Rivera

Typed or printed name of signee

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079928

1. Corporation Name

Falcon Properties, Inc.

2. Principal Office Address - No P.O. Box #

8950 SW 74 CT

Suite, Apt. #, etc.

1803

City & State

Miami, Florida

Zip

33156

Country

USA

3. Mailing Office Address

8950 SW 74 CT

Suite, Apt. #, etc.

1803

City & State

Miami, Florida

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1996

5. FEI Number

65-0805685

☒ Applied For

☐ Not Applicable

6. ☒ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lamelas Law, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2525 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

300

City

Coral Gables

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/25/20

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|----------------------|
| DP | Franco D'Agostino | 8950 SW 74 CT Ste. 1803 | Miami, Florida 33156 |
| | | | |
| | | | |
| | | | |
| | | | |
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10. E-mail Address: gus@lamelaslaw.com; daniel@lamelaslaw.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 27, 2020 305.3778

Date

Daytime Phone #

000342431880
03/25/20--01005--015 **811.25

000342431880
04/22/20--01001--015 **831.25

CR2E081 (11/10)

REINSTATEMENT
2018-2020