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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LOUIS VORDEAUX WINERY 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:
Alberto Polynco
LOUIS VORDEAUX WINEY ILC
1331 S DIXIE HW 3B
Pontavo FL 33060 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alberto Roll Mro at (305) 200-7290 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \text{\$\frac{1}{2}}\$

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

·	TO
ARTICLES (OF ORGANIZATION /// //
	OF 20/6 00 (5/)
LOUIS VORDE (Name of the Limited Liability of (A Florida Li	TO OF ORGANIZATION OF 20/6 SEP 24 Company as it now appears on our records: VA SS/E FLORE imited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on $MAY J6 - II$ and assigned
Florida document number <u>L 1 5 0 0 0 9 2 1 1 7</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
WA	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1331-S DIXIE HW
(Principal office address MUST BE A STREET ADDRE	SSI POMPANO FL 33060
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	W/A
New Registered Office Address:	Enter Florida street address
	, Florida
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}$	authorized Member		
<u>Title</u>	Name	Address	Type of Action
MER	Alberto Polanco	318 JACKSON ST	Add
		HO//4WOODFL 33019	Remove
			Change
AMBR	TOBIAS BEMITEZ	8720 NW 465T	Add
		LAUDETHILL FL 33\$5	□ Remove
			Change
AMBR	Elio INZIMILO	2071 NW 29 ST	Add
		OAKLAND PAKK	Remove
		FL 33311	Change
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effective date is listed, the date must be specific and e: If the date inserted in this block does not n	annot be prior to date of fill	ing or more than 90 days	after filing.)	Pursuant to 60
iment's effective date on the Department of S		ry ming requirements	, tills date	will not be his
ecord specifies a delayed effective d ne 90th day after the record is filed.	ite, but not an effec	ctive time, at 12:0)1 a.m. (on the earli
2 2 3 4 4				
ed 09-19-16				
	1 March			

Page 3 of 3

Filing Fee: \$25.00