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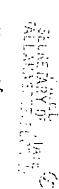


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COVER LETTER

	Registration Se Division of Cor		,	
CHD IEC	TASTY FO	OOD AND WINES LLC		
SUBJEC			ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	um all correspo	ndence concerning this matter	to the following:	
		MARNOTES, MARIO CO	OVELA	
			Name of Person	
			Firm/Company	
		7202 NW 84 AVE		
			Address	
		MIAMI FL 33166	City/State and Zip Code	
			to be used for future annual report notific	cation)
For furthe	r information c	oncerning this matter, please co	all:	
CASSING	GENA, FERNA	NDO	305 594-0266	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.06	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TASTY FOOD AND WINES LLC		
(Name of the Limite	d Liability Company as it now appears on our recor A Florida Limited Liability Company)	<u>rds.)</u>
_		and assigned
TASTY FOOD AND WINES LLC (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 Liability Company were filed on 01/27/2016 and assigned Florida document number 1.16000018669 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 1.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LL	.C" or the abbreviation L.L.C;
Enter new principal offices address, if applica	ible:	<u> </u>
(Principal office address MUST BE A STREET	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) f Organization for this Limited Liability Company were filed on 01/27/2016 and assigned ent number 116000018669 int is submitted to amend the following: Ing name, enter the new name of the limited liability company here: Instituted Liabil	
Enter new mailing address, if applicable:		
-		
muning data ess mai DE A 1 OST OFFICE D		
	***	ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	CSS
	, H	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CASSINGENA, FERNANDO	7202 NW 84 AVE	= Add
		MIAM I FL 33166	
			Change
MGR	SANTAMARIA, EDUARDO LOS	7202 NW 84 AVE	
		MIAM LFL 33166	■ Remove
			□ Change
			Add
			Remove
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			□ Remove
			Change

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ffective d	ate, if other than the date of filing:	optional)  o date of filing or more than 90 days after filing.) Pursuant to 605.	
ote: If the	date inserted in this block does not meet the applicat	o date of filing or more than 90 days after filing.) Pursuant to 605, ble statutory filing requirements, this date will not be liste	.020 cd a
ocument's	effective date on the Department of State's records.		
o rocard	specifies a delayed offective date, but not	an effective time, at 12:01 a.m. on the earlie	
	n day after the record is filed.	an enective time, at 12.01 a.m. on the earne	21 (
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ated	EMBER 30TH 2017		

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Typed or printed name of signee

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