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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FLORIDA SUBJECT:	WINE ACADEMY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GUILHERME EDUARDO	O DE MACEDO	
		Name of Person	
	FLORIDA WINE ACADE	EMY LLC	
		Firm/Company	
	8233 S DIXIE HIGHWAY	•	
		Address	
	MIAMI, FL, 33143		
		City/State and Zip Code	
	info@305wines.com		
	E-mail address: (to be used for future annual repo	ort notification)
For further information c	oncerning this matter, please ca	all:	
Guilherme Eduardo de M	Macedo	305 84267 at ()	169
Name o	f Person		Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Addr Registratio	on Section
Division of C	orporations	Division o	f Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA WINE ACADEMY 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 05/02/2016 and assigned Florida document number 1.16000086372 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 305 WINES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) `.? Enter new mailing address, if applicable: (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Enter Florida street address

__, Florida __

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			🗆 Add
			□Remove
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	07/18/2024	
Effective date, if other than the	he date of filing: (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	uo 605 0207 (
Note: If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will not	
document's effective date on the	Department of State's records.	
e record specifies a delayed effect rd is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ay after the
Dated	2024	
Dated	TO SOME	
	Jan Sillando	
	Signature of a member or authorized representative of a member	
	GUILHERME EDUARDO DE MACEDO	