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COVER LETTER

	legistration Sec Division of Corp			
eun in c		ES OF MIAMI, LLC		
SUBJEC	I :	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please reti	urn all correspor	ndence concerning this matter	to the following:	
		MICHAEL SCHIFFRIN		
			Name of Person	
		THE SCHIFFRIN LAW F	IRM,PLLC	
			Firm/Company	
		101 Madeira Avenue, First	Floor Crosswell International Build	ting
			Address	
•		Coral Gables, Florida 3313	4	
			City/State and Zip Code	
		schifflaw@aol.com	to be used for future annual report notifi	ication)
For furthe	er information co	oncerning this matter, please ca	•	Callotti
Michael !	Schiffrin	-	305 539-0000	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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**

BEST WINES OF	F MIAMI, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000216091	were filed on 11/28/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ulity company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20807 BISCAYNE BOULEVARD
Principal office address MUST BE A STREET ADDRESS)	SUITE 100
	AVENTURA, FLORIDA 33180
Enter new mailing address, if applicable:	20807 BISCAYNE BOULEVARD
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 100
	AVENTURA, FLORIDA 33180
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>'</u>

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

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
AMBR	JEFFREY LUIDVINOVSKY	20807 Biscayne Boulevard	
		Suite 100	🗖 Remove
		Aventura, Florida 33180	□ Change
AMBR	ALEXANDRA LUIDVINOVSKY	20807 Biscayne Boulevard	Add
		Suite 100	□ Remove
		Aventura, Florida 33180	■ Change
			Add
			☐ Remove
			☐ Change
		**************************************	□ Add
			☐ Remove
			☐ Change
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	Signature of a mem					<u>, </u>

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