16000216091

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COVER LETTER

BEST WIN	NES OF MIAMI, LLC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are submitted for filing.					
Please return all correspond	ondence concerning this matter to the following:					
	Michael Schiffrin					
	Name of Person St. Denis & Davey, P.A.					
	Firm/Company 1451 Brickell Avenue, Suite 800					
	Address Miami, Florida 33131					
	City/State and Zip Code Mschiffrin@sdtriallaw.com					
	E-mail address: (to be used for future annual report notification)					
Michael Schiffrin	concerning this matter, please call: 305 200-8675					
Name o	at () of Person Area Code Daytime Telephone Number					
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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 MIAMI, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florid	la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L16000216091	Company were filed on December 5	,2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our red iress here:	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, Florida'
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent	and agree to act in this capacity.	I further agree to comply with the

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
AMBR	AGS WATERWAYS, LLC	2296 NW 82 Ave, Doral, Fl 33122	
			□ Remove
			Change
AMBR	JULIO C. MILITO	2296 NW 82 Ave, Doral, Fl 33122	Change
AMBK			■ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			☐ Change
			□ Add
			🗆 Remove
			☐ Change
			□ Add
			Remove
			☐ Change

·	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
-	
Effective date, if other than the offerive date is listed, the date must Note: If the date inserted in this blod document's effective date on the De	date of filing:
ne record specifies a delayed The 90th day after the reco	I effective date, but not an effective time, at $12:01~a.m.$ on the earlier or ord is filed.
Dated AUGUST 16	2019
	THE
	Signature of a member or authorized representative of a member
JEFFREY LUIDVINOV	'SKY

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Filing Fee: \$25.00