L17000040405

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COVER LETTER

TO: Registration S Division of Co			
	e Vine, LLC		
SUBJECT:	Name of Lin	nited Liability Company	-
Tr l l. S l	f Amendment and English are such	amittad for filing	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	Brian R. Smith		
		Name of Person	_
	Under The Vine, LLC		
	•	Firm/Company	
	7525 sw 55th ave		
	5- 	Address	2023
	Miami, FL 33143		2023 APR -4
		City/State and Zip Code	
	yobsmith@gmail.com E-mail address:	(to be used for future annual report notification)	
For further information	concerning this matter, please of		AHIO: 27
Brian R. Smith		305 340-1221	
Name	of Person	Area Code Daytime Telephone Numb	ier
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Under The Vine, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on 2/21/2017	and assigned
Florida document number L17000040405		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
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:		. 22
(Principal office address MUST BE A STREET ADDRES	SSI	
The party of the dual two most be morning to the		P. 11
		- 1
Enter new mailing address, if applicable:		7.0 0 5.0
(Mailing address MAY BE A POST OFFICE BOX)		SS 00 G
		r: -1
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	35
	, FI	orida
	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	Smith, Evelyn B.	6365 Collins Ave, #1702, Miami Beach, FL 33141	🗆 Add
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			□Change
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	4/21/21				
ective date, if other than the da i effective date is listed, the date must be	ate of filing:	r to date of filing or more I	optiona (optiona	il) nv.) Pursuant to 605	.0203
te: If the date inserted in this block tument's effective date on the Department.	k does not meet the applic	able statutory filing re-	quirements, this da	te will not be liste	ed as
difference of the frepa	arthene of State S records	•			
ecord specifies a delayed effective d	late, but not an effective t	ime, at 12:01 a.m. on th	he earlier of: (b)	The 90th day after	r the
s filed.					
March 19th	2023			202	
				2023 APR	
		~ \ \ -		- -	
	grature of a mambar or auth	OFFICE PROPERTY AND AS OF A	member		
Signar R. Smith	gnature of a member or auth	orized representative of a	member		

Filing Fee: \$25.00