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COVER LETTER

TO:	Registration Sec Division of Corp			
cont	2 Wine Chic		#	
SUBJE	CT:	Name of Luni	ted Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter (to the following:	
		Elizabeth B. Adolphe		
			Name of Person	
		3 Wine Chicks, L. L. C.		
		, , , , , , , , , , , , , , , , , , , ,	Firm/Company	
		4949 N. HWY A1A, #211		
			Address	
		Hutchinson Island, FL 349	49	
		Betsy@3wmechicks.com	City/State and Zip Code	····
		E-mail address (t	to be used for future annual report notific	ation)
For furt	her information co	oncerning this matter, please ca	all:	
Elizabe	sh B. Adolphe		407 716-1515 at ()	
	Name o	f Person	at () Area Code Davtime [Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	000 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 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

10 ARTICLES OF ORGANIZATION OF

2 Wine Chicks, L.L.C.		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 1.17000125382	ility Company were filed on June 8, 2017	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:	
3 Wine Chicks, L.L.C.		
he new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET 2		
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	·-····································	
3. If amending the registered agent and/or	registered office address on our records, enter	the name of the
egistered agent and/or the new registered offic	e address here:	
		—
Name of New Registered Agent		r =
New Registered Office Address:		7.7
	Enter Florida street address	7
	Florida	
•	Cuv	Zsp 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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sabra London	4949 N Highway ATA, #152, Made Heetchinson Island, FL 34949	Add
			□ Reniove
			Change
			Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Кетюче
			Change
			□ Remove
			□ Change
			Петюve
			Change

	
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Lune 8, 2017 Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	al) mg.) Pursuant to 605,0207 (3 are will not be listed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.n	مــر n. on the earlier of:
The 90th day after the record is filed.	
	. (
Dated	* 1
Ciabilly during	1 13
Signature of a member of authorized representative of a member	
. ′	5
Elizabeth Adolphe	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00