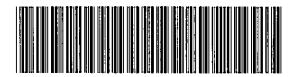
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COVER LETTER

SUBJECT:	Wine and Wood LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	I an S. Giovinco, attorney Name of Person	
	Ian S. Giovinco, P.A.	
	611 W. Bay ST STEZB	
	TAMPA P1 33606 City/State and Zip Code	
)	Lan & GiovincoLaw. Com E-mail address: (to be used for future annual report notification)	
For further information cond	cerning this matter, please call:	
Ians. G	$\frac{10 \text{VivCO}}{\text{erson}} = \frac{8/3}{\text{Area Code}} = \frac{728 - 8548}{\text{Daytime Telephone Number}}$	
Name of Po	erson Area Code Daytime Telephone Number	-
Enclosed is a check for the f	following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Wine and	Wood,	LLC				
Wine and (Name of the Limited I	iability Company a Florida Limited Liab	s it now appears dity Company)	on our records.)			
The Articles of Organization for this Limited Liabi Florida document number <u>4 / 7000 /</u>	lity Company we	re filed on	8/7/201	<u>7</u>	and ass	igned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liability	company her	<u>e</u> :			
The new name must be distinguishable and contain the words		lompany," the des	signation "LLC" or th	ne ubbrevia	ation "L.	īc."
Enter new principal offices address, if applicable (<u>Principal office address MUST BE A STREET A</u>				5		
Trinepuroffice unuress 21037 DE ASTREET A	.DDKLSS)				<u>-8</u> 00	
Enter new mailing address, if applicable:	_			2.7	1	270
(Mailing address MAY BE A POST OFFICE BOX)					<u> </u>	
	_		<u> </u>		0	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:	address on	our records, <u>eń</u>	ter the	name (of the new
Name of New Registered Agent:			-1-			
New Registered Office Address:	611 W	- Bay Emer Florid	51/eeT la street address	510	<u> </u>	<u>S</u>
_	TAM	Pa- City	STICET a street address Florida	Zij	/ 33 p Code	3606

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
AMBR MG-R	James Price Giles	2916 W. Aileen ST	<u> </u>
771G-12		Tanpa, F133607	Remove
			□ Change
AMBR	Jon Fonte	2515 W. Morrison	ZAGG
		Taupa, F-1 33629	□ Remove
			□ Change
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earli	ier (
Dated _	ortober 1. 2018.		
	// 9		

Page 3 of 3

Filing Fee: \$25.00