

L18 000040772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

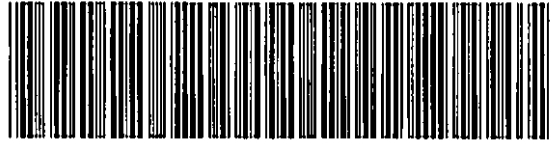
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV - 1 PM 12: 02

FILED

LLC
Amend.

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2021 NOV -1 PM 1:05

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2021

PENINE ORAO
982 OAKLAND HILLS AVE
MIDDLEBURG, FL 32068

SUBJECT: WINECA, LLC
Ref. Number: L18000040772

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SASHA B PENNYWELL
Regulatory Specialist II

Letter Number: 921A00023976

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WINECA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PENINE ORAO

Name of Person

WINECA LLC

Firm/Company

982 OAKLAND HILLS AVE

Address

MIDDLEBURG, FL 32068-9075

City/State and Zip Code

winecainvestments@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PENINE ORAO

240 494-6606
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WINECA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/14/2018 and assigned Florida document number 18000040772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

982 OAKLAND HILLS AVE
MIDDLEBURG, 32068- 9075

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

982 OAKLAND HILLS AVE
MIDDLEBURG, FL 32068-9075

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2018 NOV - PM 12:02
FILED

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PENINE ORAO

New Registered Office Address:

982 OAKLAND HILLS AVE

Enter Florida street address

MIDDLEBURG

City

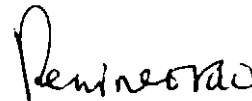
Florida 32068

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.

Penine O rao



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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>PENINE ORAO</u>	<u>982 OAKLAND HILLS AVE, MIDDLEBURG, FL 32068</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>DIR</u>	<u>EUCABETH ORAO</u>	<u>982 OAKLAND HILLS AVE, MIDDLEBURG, FL 32068</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>KEVIN OKELLO</u>	<u>982 OAKLAND HILLS AVE MIDDLEBURG, FL 32068</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>PAUL OSO</u>	<u>982 OAKLAND HILLS AVE MIDDLEBURG, FL 32068</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: N/A (optional)

(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 filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/17, 2021

Penine Orao

Penine Orao

Signature of a member or authorized representative of a member

PENINE ORAO

Typed or printed name of signee