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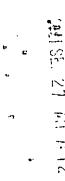
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COVER LETTER

TO:				
CHD IE7	· · · · · · · · · · · · · · · · · · ·			
SUBJEC	, l		nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		CAROLINA WONG		
	Division of Corporations GOLDEN WINES, 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: CAROLINA WONG Name of Person GOLDEN WINES, LLC Finn/Company 1815 NW 79 AVE Address DORAL, Fl. 33126 City/State and Zip Code CCC+CC/CCCCCCCCCCCCCCCCCCCCCCCCCCCCCC			
		GOLDEN WINES, LLC		
			Firm/Company	
		1815 NW 79 AVE		
			Address	
		DORAL, FI. 33126		
				
		E-mail address:	to be used for future annual report noti	JS. COM
For furthe	er information c	oncerning this matter, please c	all:	
CAROLI	NA WONG		at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status &
			Registration Se	
- 1	ALVISION OF U	OFDOERHOUS	DIVISION OF CO	DOUBLIOUS

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN WINES, LLC

(Name of the Limited Liability Company as if now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/10/2018

and assigned Florida document number 118000214805

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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 #41 Sec. 27 Att 7: 12	Type of Action
AMBR	JAVIER MONTALVO	1815 NW 79 AVE	□Add
		DORAL, FL 33126	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

	#€1 SE. 27 Al. 7: 12	
	-	
tive date, if other than the date of file fective date is listed, the date must be specific If the date inserted in this block does no ment's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the applicable statutory filing requirements, this date will not be	o 605 e list
ment s effective date on the Department of	in giale s records.	
ord specifies a delayed effective date, but iffled.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	afte
SEPTEMBER 17	2021	
J		

Typed or printed name of signee

. . . .