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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:		istration Se ision of Cor						
cub u	or.	OPERA W	INE OF FLORIDA LLC					
SUBJE			Name of Lim	ited Liability Company				
The en	closed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return	all correspo	ndence concerning this matter	to the following:				표 .
			KRELANDO RISTANI			•		· 三 三
				Name of Person			- r.	JUNIU A 3: 42
			Firm/Company 10530 BOARDWALK LOOP, 304				රා , - දී ලා	. ૫2
			BRADENTON, FL 34202	Address			-	
				City/State and Zip Code		·	-	
F 6	.1	.		to be used for future annual	report notification	on)		
			oncerning this matter, please c					
	NE C/	ARDONA Name o	f Person	941 68 at () Area Code	5-6580 Daytime Tele	phone Numbe	r	-
Enclose	ed is a	check for th	ne following amount:					
\$25	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		S60.00 Fi Certifica Certified (additional	ite of S I Copy	tatus &
		Registr	ING ADDRESS; ation Section on of Corporations	Registrat	I/COURIER Ation Section of Corporation	-		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPERA WINE OF FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Florida L	limited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L19000072953	mpany were filed on $\frac{C}{C}$	03/14/2019 an	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company	here:	- \ - \
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	e designation "LLC" or the abbreviation	on "L.L.C!"
Enter new principal offices address, if applicable:			<u>ب</u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>		<u> </u>
Enter new mailing address, if applicable:	815 HYLTON	N ROAD, SUITE 7	
(Mailing address MAY BE A POST OFFICE BOX)	PENNSAUK	EN. NJ 08110	
Name of New Registered Agent:		on our records, <u>enter the n</u>	ame of the nev
New Registered Office Address: 15107 C		lorida street address	
BRADE	NTON	, Florida ³⁴²¹¹	
	City		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.

f 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
AP	KRELANDO RISTANI	10530 BOARDWALK LOOP, #304 BRADENTON, FL 34202	5
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			■ Remove
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an effective date is listed, the date total. If the date inserted in this	the date of filing:e must be prior to date is block does not meet the applicable the Department of State's records.	e of filing or more than 90 day		
		afficable a binner ab 10	::01 a.m. o	n the earlier
e record specifies a dela The 90th day after the	ayed effective date, but not an record is filed.	enective time, at 12		
The 90th day after the	record is filed. 2019	enective time, at 12		
The 90th day after the	record is filed.	effective time, at 12		
The 90th day after the	record is filed.			

Page 3 of 3

Filing Fee: \$25.00