## 119000/42726

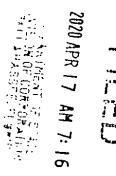
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500342154395

04/17/20--01008--021 \*\*25.00



APR 2 9 2020 S. YOUNG

## **COVER LETTER**

	NE IN THE GROVE LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	Paola Abello, Esq.				
		Name of Person	<del> </del>		
	Abello Law PLLC				
		Firm/Company			
	1390 S. Dixie Hwy, Suite	1309			
	Address				
	Coral Gables, FL 33146				
	City/State and Zip Code				
	pabello@perezabellolaw.co				
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information co	ncerning this matter, please ca	all:			
Paola Abello, Esq.		786 4850777			
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	e 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:

. .

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
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $\simeq$ 

HAPPY WINE IN THE GROVE LL	С	72 Pg T1
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	70.72 P
The Articles of Organization for this Limited Lia Florida document number 1.19000142726		and assigned
This amendment is submitted to amend the follow	wing:	6
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	POX)	
B. If amending the registered agent and/oregistered agent and/or the new registered offi	r registered office address on our records, ece address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	15 . 15	
	Enter Florida street address	
	Florid	da Zip Code
	J.,.	, com

## 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>	<u>Address</u>	Type of Action
MGR	VILMA VARGAS	2833 BIRD ROAD	
		COCONUT GROVE, FL 33133	Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
		<del> </del>	Remove
			Change
			Add
			□ Remove
			☐ Change
		<del></del>	□ Add
			□ Remove
			Change

	<del></del>
an effect ote: If	date, if other than the date of filing:
e recor The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
ated	April 15  Cozo.  Signature of a member or authorized representative of a member
	Vilma Puche

Page 3 of 3

Filing Fee: \$25.00