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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of	Corporations		
The W	ine World Tribune LLC	···	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
	Mauro maugliani		
		Name of Person	
	Mauro maugliani		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	9622 Boca gardens Parkw	ray unit B	
		Address	1-1-1-1
	Boca Raton FL 33496		
		City/State and Zip Code	
	Maurousa2000@yahoo.cor		
	E-mail address:	(to be used for future annual report not	itication)
For further informat	ion concerning this matter, please of	call:	
Mauro Maugliani		312 848-5334 at ()	
N:	ame of Person		ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ac		Street Address:	
_	ion Section	Registration Se Division of Co	
P.O. Box	of Corporations 6327	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The wine world tribune LLC	Laboli and my	·
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	- 51 () §
The Articles of Organization for this Limited Liability Company		
Florida document number L 20000142843		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbreviation "L.L.C."
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)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	90.5	
	Enter Florida street address	
····		da
	City	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.

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

Title	<u>Name</u>	Address William States	Type of Action 6: θθ
MGR	Carlos Jose Arturaola mary	1800 NE 114 street PH5	
		North Miami FL33181	■Remove
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	10-26-2020	
tive date, if other than the da	te of filing: specific and cannot be prior to date of filing or n	(optional) nore than 90 days after filing.) Pursuant to 605.02
	does not meet the applicable statutory filir	
ment, effective date on the 15eps	THE NOT BUILD INTERVIEW.	
	ste, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
filed.		
d <u>10-24</u>	2020	
.i.	1.7	