(((H21000353973 3)))



H210003539733ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
|-------|----------|--|--|--|
| | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANZANOS WINES USA, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

SEP 2 2 2021

A. LUMT

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 2C8B72D6-6738-4453-8DE8-F50E8E61F61E

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MANZANOS WINES USA, LLC | | |
|--|--|--------------------------------|
| (Name of the Limite | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) | |
| _ | ability Company were filed on 07/06/2020 | and assigned |
| Florida document number L20000180367 | | |
| This amendment is submitted to amend the follow | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | 3E. JIVISI 2021 : |
| The new name must be distinguishable and contain the wo | ords "Limited Liability Company," the designation "LLC" or the | he abbreviation 10C. |
| Enter new principal offices address, if applica | able: | |
| (Principal office address MUST BE A STREET | T ADDRESS) | <u> 후</u> 취유다 |
| | | <u> </u> |
| | | 7 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE I | <u>BOX)</u> | |
| B. If amending the registered agent and/or reagent and/or the new registered office addres | egistered office address on our records, enter the | name of the new registere |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florid | la |
| | City | Zıp 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.

DocuSign Envelope ID: 2C8B72D6-673B-4453-8DE8-F50E8E61F61E
traintenuing Authorized rerson(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> | Name | Address | Type of Action |
|--------------|----------------------------------|-----------------------------|----------------|
| AMBR | Victor Fernandez de Manzanos Rol | CTRA NA 134 KM 49 | □ Add |
| | | AZAGRA, NAVARRA 31560 SPAIN | ■Remove |
| | | | □Change |
| MGR | Victor Fernandez de Manzanos | CTRA NA 134 KM 49 | 🗏 Add |
| | | AZAGRA, NAVARRA 31560 SPAIN | □Remove |
| | | | |
| | | | □Add |
| | | | Remove |
| | | | []Change |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | · | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | ☐ Change |

DocuSign Envelope ID: 2C8B72D6-673B-4453-8DE8-F50E8E61F61E

3052201440

| | | 921 | |
|--|---|---|--------------|
| | | | Ç |
| | | | OF C |
| | | <u>*</u> | OKP |
| | | AH 10: | 750 150 |
| | | 7 | - |
| | | | |
| | | | |
| | | | |
| ffective date, if other than the an effective date is listed, the date malote: If the date inserted in this bocument's effective date on the L | date of filing: tt be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fil epartment of State's records. | (optional) more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed |)207 d as |
| record specifies a delayed effecti is filed. | e date, but not an effective time, at 12:01 a.π | n, on the earlier of: (b) The 90th day after | the |
| | 2021 | | |
| September 20 | | | |
| Pated | , | ve of a member | |

Filing Fee: \$25.00