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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

Division of Corpo	orations	_	
eren rezer de	Name of Limi	5 e 1 LT	
SUBJECT: <u>(2.0.000</u>)	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	screra	Bana of Barron	
		The Wine LLC	
	8851 NW 7838		
	Tamarac, F	L 733371 City/State and Zip Code	
	Silly by Sign (E) (E) mail address: (6)	No 10 M · (() /) 1	notification)
For further information con	ncerning this matter, please ca		
SCIENA DO Name of I	ACMACOCA Person	at (<u>C) 50</u>) <u>4112 -</u> Area Code Day	C 10 0 4 time Telephone Number
Enclosed is a check for the	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)
<u>Mailing Address:</u>		Street Address	<u>:</u>

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

	e Wink LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our re- forida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabil Florida document number <u>L20000273795</u> This amendment is submitted to amend the following the following name, enter the new name of the	ng:	and assigne LLC" or the abbreviation (L.L.)
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "	LLC" or the abbreviation (L.L.C.)
Enter new principal offices address, if applicable	:	73
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent:		ter the name of the new regi
New Registered Office Address:		
	Enter Florida street ad	dress
_		Florida
	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 wit 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 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 be or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
AMBR	Serena Banton	8851 NW 7810 St Apt 198	EAdd
		Tamarac, Fl, 33321	PAdd DRemail L. t. de OCHANGE Add Add Add Add Add Add Add A
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Note:	ive date, if other the fective date is listed, the lift the date inserted in the lift is effective date of the lift is effective date.	n this block does r	not meet the app	licable statutory	(conformation of the properties of the propertie	optional) after filing.) Purs this date will i	uant to 605,020 not be listed a
e record rd is fil	rd specifies a delayed led.	effective date, but	t not an effective	e time, at 12:01 a	.m. on the earlier o	fi (b) The 90t	h day after the
Dated ₋	October Banton		<u>202<i>0</i></u>	· ·			
	-1/2 Tran			thorized represent			
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