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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE WYNWOOD BAR LLC			
(Name of the Limited	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L21000011204</u>		01/04/2021	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," th	e designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	<u>.</u>	
(Principal office address MUST BE A STREET	ADDRESSI		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our here:	r records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	Enter 1	Florida street address	
		, Flor	ida
	City		гір Соае

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MORENO, FRANK		□Add
			■ Remove
			□Change
MGR	Johnathan Drew Sann	355 Alhambra Circle, Suite 900	■Add
		Corul Gables, FL 33134	Remove
			□Change
			□Add
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Effective	date. If other t	han the date of fi	iling:		(optional)	
(If an effect	ive date is listed, the	date must be specific	and cannot be prior to	date of filing or more t	(optional) han 90 days after filing) quirements, this date w	Pursuant to 605,0207 rill not be listed as
Note: II	the date inscried it's effective date (on the Department	of State's records.	e statutory minig re-	quite me mor time come	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		l effective date, but	not an effective time	e, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
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