

L21 0000 415 45

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

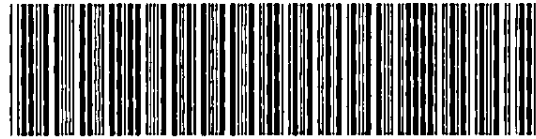
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

S.C.
06/7/21



600365628296

05/10/21--01026--029 **25.00

2021 MAY 10 A 11: 24

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The International Wine Company LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dana Cona

Name of Person

The International Wine Company

Firm/Company

1123 Wild Flower Drive

Address

Melbourne FL 32940

City/State and Zip Code

theinternationalwinecompany@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Cona

Name of Person

at (321)

Area Code

372-4688

Daytime 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)

Mailing Address:

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

Street Address:

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

2021 MAY 10 AM 11:24

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The International Wine Company LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 21, 2021 and assigned
Florida document number L21000041545.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

3110 Skyway Circle

Suite 100

Melbourne, Florida 32934

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3110 Skyway Circle

Suite 100

Melbourne, Florida 32934

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

3110 Skyway Circle, Suite 100

Enter Florida street address

Melbourne

City

Florida

32934

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 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>	<u>Type of Action</u>
AMBR	Dana Cona	1123 Wild Flower Drive	<input type="checkbox"/> Add
MGR		Melbourne FL 32940	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dana Cona	3110 Skyway Circle, Suite 100	<input checked="" type="checkbox"/> Add
		Melbourne FL 32934	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 MAY 10 AM 11:24



2021 MAY 10

71ED
ZGZ MAY 10 A 11

Pursuant to 605.0207 (3)(b)

will not be listed as the

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 5, 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

OMIA MAHE CONA
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00