

121000057606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

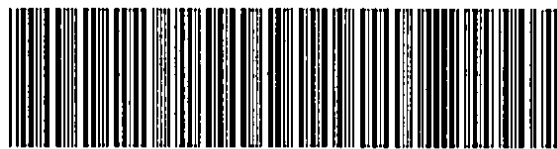
(Business Entity Name)

(Document Number)

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10/26/21
T.A.S.
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2021 OCT 18 PM 1:09
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wine Warehouse

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:

Alana Weinshel

Name of Person

Firm/Company

3029 NE 188th Street, Apt 816

Address

Aventura, FL, 33180

City/State and Zip Code

amweinshel@gmail.com

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

For further information concerning this matter, please call:

Alana Weinshel

774

526-3294

at ()

Name of Person

Area Code

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

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

Wine Warehouse

(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 2/2/21 and assigned
Florida document number L21000057606.

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)

3029 NE 188th Street

Apt 816

Aventura, FL, 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3029 NE 188th Street

Apt 816

Aventura, FL, 33180

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:

Alana Weinshel

New Registered Office Address:

2880 South Park Road

Enter Florida street address

Pembroke Park

City

Florida 33009

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>
MGR	Gale Weinshel	177 Gulf Road, South Dartmouth, MA, 02748	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alana Weinshel	3029 NE 188th Street, Apt 816, Aventura, FL, 33180	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2011 OCT 8 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 18 PM 1:14
SECRETARY OF STATE
FALLASS EMBROID

2021 OCT 18 PM 1:05
SECURITY CLASS
DECLASS

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 12th 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee