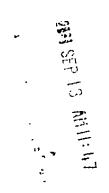


(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Sacinoso Emily Tallie)
(Document Number)
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COVER LETTER

tion orations			
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Name of Lim	ited Liability Company		
mendment and fee(s) are sub	mitted for filing.		
dence concerning this matter	to the following:		
Sean Johnson			
	Name of Person		
	Firm/Company		
10014 N. Dale Mabry Hwy	y Suite 110		
	Address		
Tampa, FL 33629			
City/State and Zip Code			
		fication)	
ncerning this matter, please ca	all:		
	813 598-8040		
Person	Area Code Daytim	e Telephone Number	
following amount:			
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Street Address:		
	Tampa, FL 33629 sean.johnson@delivermedia E-mail address: (necerning this matter. please cannot be following amount: \$\square\$ \$30.00 Filing Fee &	Name of Limited Liability Company Imendment and fee(s) are submitted for filing. Idence concerning this matter to the following: Sean Johnson Name of Person	

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

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

Tampa Wine Cellars LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o Florida document number <u>L21000297139</u> .	n 6/28/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
Chateau Cellars LLC	
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 adoress, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	- ED
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	
agent and/or the new registered office address here.	\$ 1 5
Name of New Registered Agent:	
New Registered Office Address:	
Eme	r Florida street address
	. Florida

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.

City

Zip Code

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
			Remove
			□Change
			□Add
			□Remove
			ERemove S∏ □Ghange
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9/9/2021	
ective date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statutory	
nument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	
ed Sept 9 Dod 1 Signature of a member of authorized represent	
A C A A D	
- WENT HOUSE	

Filing Fee: \$25.00