U21000322854

(Requestor's Na	ime)
(Address)	
(Address)	
,	
(City/State/Zip/F	Phone #
(City/State/Zip/r	-none #)
PICK-UP WAI	T MAIL
(Business Entity	/ Name)
(Document Nun	nber)
Certified Copies Certifi	cates of Status
ocitined oopies	
Special Instructions to Filing Office	r:

Office Use Only



700419433937

11/27/23--01026--013 **25.00





COVER LETTER

ΓO: Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: WINE DR	INKER LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARIAN KANE			_
		Name of Person		
	KILLUCAN INTERNAT	IONAL INC.		
		Firm/Company		2 67
				2023 NOV 27 AM II: 23
	4830 Impressario Ct	Address		- N
		1144.000		
	Las Vegas, NEVADA 891	49		SŠE A
		City/State and Zip Code		
	mariankane@cox.net		(C	F 5
		to be used for future annual report not	incation)	
For further information c	oncerning this matter, please c	all:		
MARIAN KANE		at (702) 233-1703		
Name o	f Person	Area Code Daytin	ie Telephone Numbe	r
Enclosed is a check for th	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Addres Registration S		Street Address: Registration Se	ection	
Division of C		Division of Cor		
P.O. Box 632	•	The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

WINE DRINKER LLC						
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record Liability Company)	<u>is.</u>)				
The Articles of Organization for this Limited Liability Company Florida document number L21000322854	were filed on JULY 15, 2021		_ and as	signed		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	Une Community of the Latin with the		uinei un Wi	T. 62.11		
•	RENDAL J SHARPE	or the hoose	viation 1.	. L.C,		
Enter new principal offices address, if applicable:	4023 ALBANY ROAD					
(Principal office address MUST BE A STREET ADDRESS)	LABELLE FL 33935					
Enter new mailing address, if applicable:	RENDAL J SHARPE		NOV 2			
(Mailing address MAY BE A POST OFFICE BOX)	4023 ALBANY ROAD	78.		77		
The state of the s	LABELLE FL 33935	(m) (T)	=	O		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name o	23 of the ne	w register		
Name of New Registered Agent:						
New Registered Office Address:						
	Entar Florida etroet addres	. 6				

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

If Changing Registered Agent, Signature of New Registered Agent

f 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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	RENDAL J SHARPE	4023 ALBANY ROAD	□Add
		LABELLE	□ Remove
		FL 33935	■ Change
			□Add
			□Remove
			Change
			Change Sydd File Change Change
			S TEmove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			🗂 Add
			⊡Remove
			□Change

					 				_
								<u></u>	_
									_
									_
		· · · · · · · · · · · · · · · · · · ·			= -				_
									_
									_
									_
							_	_	_
							·.	2023	
				<u> </u>	<u></u>		AL.	NON	- M
					·	<u></u>	2)	27	- 11 TES
							<u>∑:-</u>		_[70
							CK.	AH 11:	
							TE	: 23	
			_						_
									_
fective date, if ot	ther than the date ted, the date must be sp	of filing:	ant he prior to	data of filing	or more than 90	(option:	al)	nant to 6	05 020°
ote: If the date inse	erted in this block do	oes not meet	the applicab	le statutory f	iling requiren	ents, this d	ate will i	not be li	sted as
	elayed effective date	, but not an e	effective tim	e, at 12:01 a.	m, on the ear	lier of: (b)	The 90t	h day af	ier the
is filed.	C 15TH	, _20	023						
is filed.	R 15TH Signal	, <u>2</u> 0	023	<u>.</u> .					

Filing Fee: \$25.00