Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000225046 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSA WINE AND SPIRITS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JUN 3 0 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inversa Wine and Spirits LL	
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L22000039484	y Company were filed on 01/20/22 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the li	limited liability company here:
Inversa Group LLC	
The new name must be distinguishable and contain the words "I	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 AD	ODRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registers</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cuy Zip CMP
New Registered Agent's Signature, if changing Registe	ered 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>	Name	Address	Type of Action
MGR	Matteo Gaetani d'Aragona	Strada di sacco 8	XiAdd
		Amelia (Terni), Italy 05022	Remove
			☐ Change
			□Add
			□Remove
			🖸 Add
			□Remove
			□ Change
			[]Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			🗀 Add
			□ Remove
			□Change

). If amendi	ng any other information	i, enter change(s) he	ere: (Attach ac	lditional sheets	; if necessary.)	
···					***************************************	
 -						
						
						
				· · · · · · · · · · · · · · · · · · ·		
					·	
 -			·			
						
						<u>.</u>
·						
		<u> </u>				
=						
		<u>, , , , , , , , , , , , , , , , , , , </u>				
	,				<u></u>	
(If an effective Note: If the	date, if other than the date date is listed, the date must be the date inserted in this block is effective date on the Depart	specific and cannot be pridoes not meet the app	dicable statutory	g or more than 90 of filing requirem	(optional) days after filing.) Pu ents, this date wil	rsuant to 605 0207 (3)(I not be listed as the
the record specord is filed.	occifies a delayed effective d	ate, but not an effective	e time, at 12:01	a.m. on the earli	ier of: (b) The 9	9th day after the
Dated	June 30		· ·			
)-the_			
	Si	nature of a member or a	athorized represer	ntative of a membe	er -	
		Morgan	Noble			
		•	inted name of sig	nec		

٠ . .

Filing Fee: \$25.00