L7200064158

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations							
TREASU	RES OF VINEYARDS III LLC							
SUBJECT:	Name of Lim	ited Liability (Company					
	Amendment and fee(s) are sub							
Please return all correspo	ondence concerning this matter	to the followi	ing:					
	SALOMON SUTTON							
		Name o	f Person	***************************************				
	TREASURES OF VINEY	'ARDS III LI	C					
		Fim/C	ompany	-				
	501 Golden Isles Dr. Ste 2	03-A						
		Add	lress					
	Hallandale Beach, Fl 3300	9						
		City/State a	nd Zip Code				~ 1	
	ssuttonc@yahoo.com E-mail address: (en En mond fra 1	Catalana and an anni	Lwager woliff	aution)	ZEC DES	2022	
For further information of	concerning this matter, please c		iuiuie aminua	тероп пошь	Cation)	RETA	2022 AUG 29	
SALOMON SUTTON		30 at (15-4300		TARY OF AHASSE		i
Name o	f Person	Are	ea Code	Daytime	Telephone Number	- 1.133 1.141.83	PK 1: 04	
Enclosed is a check for the	he following amount:					, 11	-	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee ied Copy mal copy is en		S60.00 Filin Certificate of Certified Co (additional cop	of Status & opy		
Mailing Addres			Street A		.:			
Registration : Division of C			_	ration Sect on of Corp				
P.O. Box 632				entre of Ta				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000064158</u>	npany were filed on02/07/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		TACO
		ETAR 29
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	ame of the new Registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an	d agree to act in this capacity. I further a	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.

TREASURES OF VINEYARDS III LLC

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	
Title	Nome	

<u>Title</u>	Name	Address	Type of Action
MGR	GASTON BECHERANO	501 GOLDEN ISLES DR.STE 203-A	□ Add
		HALLANDALE BEACH, FL 33009	■Remove
			Change
			□Add
			□Remove
			Change
-			□Add
•			□Remove SECRE
			22 JUG 29 PM & 04 ECRETARY OF STATE TALLAHASSEE FL
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	date of filing: (optional) Continue to date of filing or more than 90 days after filing.) Pursuant to 60	2022 AUG 29
ective date, if other than the or effective date is listed, the date must	date of filing: (optional) (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuage un60	
te: If the date inserted in this blo cument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be his	ted as
		10:
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ed August 22	2022	
	10/10	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00