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COVER LETTER

TO:

TO: Registration S Division of Co			ę.
Wine & Li			•
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mary T Novak		
		Name of Person	
	Wine & Liberty LLC		
		Firm/Company	
	344 Moorings Cove Drive		
		Address	
	Tarpon Springs, FL 34689		
		City/State and Zip Code	
	wineandliberty@gmail.com	to be used for future annual report no	stification)
For further information	eoncerning this matter, please co		Arreaton)
Mary Novak		732 233-5221 at ()	
Name	of Person	Area Code Dayti	me 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of	Corporations	Division of C	orporations
P.O. Box 63 Tallahassee.		The Centre of 2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Wine & Liberty LLC

ars on our records.) AH 6: 30

(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 03/14/2022 TALLAHAS SEF TARE

Florida document number 1,22000126627 Florida document number 1.22000126627 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>	Type of Action
MGR	Mary T Novak	344 Moorings Cove Drive	≡ ∧dd
***************************************		Tarpon Springs, FL 34689	□Remove
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Effective date, if other than the	adate of filing: 04/6	01/2022	(optional)
enective date, it other than the	st be specific and cannot be prior to	date of filing or more than 90 da	ys after filing.) Pursuant to 605.020
If an effective date is listed, the date mu	lock does not meet the applical Department of State's records.	ole statutory tring requiremen	nts, this date will not be used a
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