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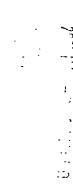
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:	Registration S Division of Co			
OUBIE	ı om	THE SE	LECT WINES LLC	
SUBJE	.CT:	Name of Lim	nted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		GREGOR	RIO CONTRERAS RODRIGUE	Z
			Name of Person	
		ТН	E SELECT WINES LLC	
	-		Firm/Company	3,
6039 COLLINS AVE APT 901				
			Address	1
		:	MIAMI BEACH, FL 33140	
			City/State and Zip Code	
			contreras@theselectwines.com	·
For furt	her information c	rmail address: (to be used for future annual report in all:	offication)
		CONTRERAS RODRIGUEZ		542-74 4 5
	Name o	r Person	Area Code Dayı	ime Telephone Number
Enclose	d is a check for th	ne 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)
	Mailing Address Registration S		Street Address:	`aakia.a
	Division of C		Registration S Division of C	
	P.O. Box 632	.7	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	THE SELECT WINES LLC		
(Name of the Lin	nited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on _	03/29/2022	and assigned
Florida document numberL22000126955	 -		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if appl	icable: N/A		
(Principal office address MUST BE A STRE	FT ADDRESS)		
Parameter 197			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
			
			:
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our r	ecords, <u>enter the na</u>	ame of the new registere
agent and or the new registered office addr	ess nere:		;
Name of New Registered Agent:	N/A		5
New Registered Office Address:	N/A		
- 	Enter Flor	rida street address	
		, Florida _	
	City	, riorida _	Zin Cade

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 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
AMBR	NURIA DE LA PORTILLA	6039 COLLINS AVE APT 901	□Add
		MIAMI BEACH, FL 33140	■Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			Remove
			☐ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove

		zed representative of a member	.
Dated 29TH OF APRIL	. 2024		
the record specifies a delayed effective d cord is filed.	ate, but not an effective tim	e, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Effective date, if other than the data (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	codes not meet the applicat	date of filing or more than 90 days and the statutory filing requirements. If	tional) er filing.) Pursuant to 605.0207 (nis date will not be listed as th

			1
			

Typed or printed name of signee