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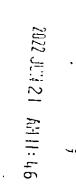
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

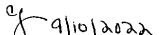
Office Use Only



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COVER LETTER

TÚ:

Registration Section

Division of Cor	porations				
CHRIECT.	KEIM'S FI	NE WINE LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		ROBERT KEIM			
		Name of Person			
	KEIM'S FINE WINE LLC				
		Firm/Company	_		
	1707 NW ST. LUCIE WEST BLVD, STE #186				
		Address			
	PC	ORT ST. LUCIE, FL, 34986			
		City/State and Zip Code	 -		
		RTK2049@GMAIL.COM			
		to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	ail:			
ROBEI	RT KEIM	310 617-3059			
Name o	f Person		ine Telephone Number		
Enclosed 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 Addres Registration S Division of C	Section	Street Address: Registration S Division of Co			
P.O. Box 632 Tallahassee, I		The Centre of			
i allallassee, l	L 32314	Tallahassee, F	roe Street, Suite 810 FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEIM'S FINE W	/INE, LLC		2022 JUL 21	AH11:46
(Name of the Limited Liability Compa (A Florida Limited I	ny as It now appear: Liability Company)	on our records.)	• .	- -)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	06/06/2022	and a	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" o	the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	1707 NW ST. LU	JCIE WEST BLV	/D, STE #186	
(Principal office address MUST BE A STREET ADDRESS)	PORT ST. LUCI	E, FL, 34986		
Enter new mailing address, if applicable:	1707 NW ST. LU	JCIE WEST BLV	/D, STE #186	
(Mailing address MAY BE A POST OFFICE BOX)	PORT ST. LUCI	E, FL, 34986		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		cords, enter the	e name of the r	new registered
		, Flori	da	

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 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
			□Add
			□Remove
		<u></u>	□Add
			□ Remove
			Change
			□Add
			□ Remove
		<u> </u>	
			□Add
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			□ Remove
			Change

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neffective dat <u>te:</u> If the da	e, if other than the date of filing te is listed, the date must be specific and ate inserted in this block does not mo fective date on the Department of S	cannot be prior to c eet the applicable	ate of filing or more		g.) Pursuant to 605.0201
cord specifi s filed.	es a delayed effective date, but not	an effective time	, at 12:01 a.m. on t	the earlier of: (b)	he 90th day after the
ed	JUNE 16	2022			
	Hober Ke	Paris			
	Signature of a n	nember or authoriz	ed representative of a	a member	
		ROBERT	KEIM		
		Typed or printed n			