

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.

(((H22000286854 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 : SERBER & ASSOCIATES, P.A.

Account Number : 120000000083 Phone : (305)932-6262 : (305)933-9393 Fax Number

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

rmali	Address:	·

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARGENTINA WINE SHIPPING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

32

(O

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARGENTINA WINE SHIPPING LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
ne Articles of Organization for this Limited Liability Company were filed on 06/24/2022 and assigned orida document number L22000286922	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ie new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: Auiling address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	~.
Name of New Registered Agent:	-
New Registered Office Address:	23
Enter Florida street address	5\AE(
City Zip Gode	~
ew 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

Page 1 of 3

□ Add

☐ Remove

<u> </u>	<u>Name</u>	Address	Type of Action
AMBR	Horacio Andres Maldonado	1225 Alexander bend	Add
		Weston, FL 33327	□ Remove
· · · · · · · · · · · · · · · · · · ·			
		·	🗆 Remove
			
			□ Remove
			Remove

_____ Remove

). If amending any other information, er	nter change(s) here: (Attach addi	tional sheets. if necessary.)
-		·
E. Effective date, if other than the date of the effective date must be specific, cannot be prothed date this document is filed by the Florida D	of filing: ior to date of receipt or filed date and cannot epartment of State)	(optional) of be more than 90 days after
Dated August 23	2022	
	1 Marchante	
Signat	ure of a member or authorized representat	ive alla member
	Horacio Andres M	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signed	

Page 3 of 3