122000294895

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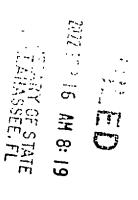
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COVER LETTER

TO:

	ration Sec on of Corp				
CHBICZYP.	Pai	rtners in Wine LL	C		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed A	rticles of i	Amendment and fee(s) are sub	mitted for filing.		
Please return all	Leorrespoi	ndence concerning this matter	to the following:		
		Nolan Taor	rmino		
			Name of Person	* + *-	
		Partners in	Wine LLC		
			Firm/Company		
		951 Brickel	ll Ave APT 2410		3355
			Address	Tam Rije	
		Miami, FL	33131	EXS EXS	5
			City/State and Zip Code		AH S
		Nolan1368(gmail.com to be used for future annual report noti		-
		E-mail address: (to be used for future annual report noti	fication)	9
For further info	rmation co	oncerning this matter, please c	all:		
Nolan '	Taorn	nino	at (631) 513-6	6694	
	Name of	Person		e Telephone Number	_
Enclosed is a ch	neck for th	e following amount:			
□ \$25.00 Filii	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Standard Copy (additional copy is	latus &
	ig Address stration S		<u>Street Address:</u> Registration Se	ction	
•		orporations	Division of Cor		
P.O. 1	Box 632	7	The Centre of T		
Tallal	hassee. F	L 32314	2415 N. Monro	e Street, Suite 810 –	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Partners in Wine LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000294895.</u>	were filed on _	06/30/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		u mar 1914.	1 1
	·	<u> </u>	<u> </u>
		ି ର ପ୍ରତ ମଧ୍ୟ	∄
Enter new mailing address, if applicable:		N _H i.	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
agent and/or the new registered office address here: Name of New Registered Agent:			
Name Descriptional CVPS as Addresses			
New Registered Office Address:	Enter F	lorida street address	
		, Florida	
	City	_	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in	of my duties, and I am fo Chapter 605, F.S. Or, (imiliar with and If this document is
If Cha	nging Registered a	Agent, Signature of New Reg	istered 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	Nolan Taormino	951 Brickell Ave APT 2410	□Add
		Miami Florida 33131	□Remove
			T Change
			🗆 Add
			□Remove
			Change
		E. FILE	
			□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
		<u> </u>	□ Add

	GR) to authorized member (AMBR).
	6 2
	17. S
	SSC - 11
	8: 19
	m w
Fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be priote: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	(optional) for to date of filing or more than 90 days after filing.) Pursuant to 605.0205 licable statutory filing requirements, this date will not be listed as ds.
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted 9/1/2022	
287 17	

Filing Fee: \$25.00