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COVER LETTER

то:	Registration Sec Division of Cor						
CHD III	NADA WI	NE LLC					
SUBJE	.C1:		Name of Lim	nited Liability Com	pany		
The end	closed Articles of a	Amendment and	fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concern	ng this matter	to the following:			
		Kelsey					
				Name of Pe	erson.		
		ZenBusines	s Inc				
				Firm/Comp	pany		
		5511 Parke	rest Dr., STE 1	03			
				Address	<u></u>		
		Austin, TX	78731				
		fultillment@	zenbusiness.cc	City/State and Z	lip Code		
			E-mail address: (to be used for futur	e annual report not	ification)	
For furt	her information co	oncerning this r	natter, please c	all:			
Kelsey	e/o ZenBusiness	nc		844 at (493-6249		
	Name of	Person		Area C		ne Telepho	ne Number
Enclose	ed is a check for th	e following an	ount:				
■ \$25	5.00 Filing Fee	□ S30.00 Fi Certifie	ling Fee & are of Status	S55,00 Fil Certified (radditional c			\$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		1 2	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassec, FL	rporatio Fallahas e Street	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NADA WINE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Himited Liability Company were filed on $\frac{08/05/2022}{1}$ and assigned Florida document number 1.22(00)346()60 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." 5010 N Nebraska Ave Tampa, FL 33603 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ 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 a or removed fr	Authorized Person(s) com our records:	authorized to man	age, enter the title, name, and address of eac	h person being added
MGR = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name		Address	Type of Action
		<u> </u>		□Add
				□Remove
				□Change
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., .	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
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	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Jock does not meet the applicable statutory filing requirements, this date will not be listed as t
e record specifies a delayed effectiv rd is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 29	2022
/s/ David	Signature of a member or authorized representative of a member
//	
David J Heath	

Filing Fee: \$25.00