## L23 000 282 393

(Re	equestor's Name)	<del>-</del>
(Ac	idress)	
	idress)	
(^c	101633)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	isiness Entity Nam	18)
(00	isiness Emily Han	ic)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	<del>_</del>	
Special Instructions to	Filing Officer:	

Office Use Only



000413912020

08/14/23--01049--020 \*\*43.75

mm 1, 1, 21 1, 13, 11, 13





October 16, 2023

LIVIUM MATEI 5130 SW 170TH AVE SOUTHWEST RANCHES, FL 33331

SUBJECT: WINE CELLARS AND MORE BY L & M, LLC

Ref. Number: L23000232393

We have received your document for WINE CELLARS AND MORE BY L & M, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 823A00020359

3 V 2 J 2023

## COVER LETTER

WINE CEI SUBJECT:	LARS AND MORE BY L &	M, LLC .			
	Name of Lim	ited Liability Company	<del></del>		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
lease return all correspo	ondence concerning this matter	to the following:			
	LIVIU M MATEI				
		Name of Person			
	WINE CELLARS AND M	ORE BY L & M. LLC			
	Firm/Company				
	5130 SW 170th AVE				
		Address	<del></del>		
	SOUTHWEST RANCHE	S FL 33331			
		City/State and Zip Code	<del>.</del>		
	liviumatei63@yahoo.com				
		to be used for future annual report notifi	cation)		
or further information c	oncerning this matter, please c	all:			
LIVIU M MATEI		954 793-8517 at ( )			
Name o	f Person		Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & 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)		

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINE CELLARS AND MORE BY L & M, LLC	as it now appears on our records )			
(Name of the Limited Liability Compa (A Florida Limited L	Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on				
lorida document number L23000282393				
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbi	eviation "L.1	C."	
Enter new principal offices address, if applicable:	5130 SW 170TH AVE	_		
Principal office address MUST BE A STREET ADDRESS)				
	SOUTHWEST RANCHES, FL 33331			
Inter new mailing address, if applicable:	5130 SW 170TH AVE	_		
Mailing address MAY BE A POST OFFICE BOX)			_	
· · · · · · · · · · · · · · · · · · ·	SOUTHWEST RANCHES, FL 33331		د	
			=	
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter the name</u>	of the new	regis	
			-	
Name of New Registered Agent:				
		:	5.	
New Registered Office Address:	Enter Florida street address			
	, Florida			
<del></del>	City	Zip Code		

## 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
			□Add
			□Remove
		·	□Change
			□Add
			□ Remove
			□ Change
			□Add
		·	□Removē
		·	□ Remove
			□Add []`
			□Remove ∵
			□Add
			□Remove
			□Change
	<u></u>		\ \ \ \Add
	1		□Remove
			□ Change

<u></u>			· · -			
•	·					
	"		<del>-</del>	_	<u> </u>	<del></del>
		<del></del>		. <u>.</u>		
		<u></u>			<del></del>	<del></del>
					<del></del>	
						<del>_</del>
	<del>.</del>					<del></del>
	· · · · · · · · · · · · · · · · · · ·		<del> </del>			
			<u> </u>	·		
				<u></u>	· <del></del>	
					<u> </u>	
						3090 KIN
<del></del>				<del></del>		<del></del>
fective date, if ot	her than the date	of filing:			_ (optional) days after filing.) Pursi	- د
ote: If the date inse	ed, the date must be spected in this block didate on the Departs	oes not meet the a	pplicable statutory	g or more than 90 ( y filing requirem	days after filing.) Pursi ents, this date will r	uant to 605.0207 not be listed as
record specifies a de is filed.	elayed effective date	, but not an effect	tive time, at 12:01	a.m. on the earli	er of: (b) The 90th	h day after the
AUGUST 1,		2023	·			
	4	Mater	<del>-</del>			
		ure of a member of	rauthorized represen	ntative of a member	er	
	LiVIU	KA ki	14 TEI			

Filing Fee: \$25.00