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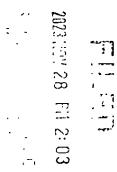
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Scecial Instructions to	Filing Officer	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Chate	FAU De Vin Name of Limi	Wine Bar LLC	<u>. </u>
The enclosed Articles of Am			
Please return all corresponde	nce concerning this matter t	to the following:	
	Ansa	14 Roth Nume of Person	
	Chatrau	de Vin Wine Br	a/ LLC
	13260	Sorranta PA	
		Address	
	PEA	SACOLA, Fl. 32 City/State and Zip Code	1507
-	HngdA E-mail address: (1	JAYTOE Smcil.	Complete fication)
For further information cone		·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<u>.</u>	
Hosela R	· M-	at (251) 597 Area Code Daytim	-6264
Name of Pe	rson	Area Code Daytim	e Telephone Number
linelosed is a check for the f	ollowing amount		
LJ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 fallahassee, FL 32314

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



Chateau De	. Vin Winc Bar	2023 / 28 Fi: 2: 03
(Name of the Limited Liabil (A Floric	lity Company as it now appears on or a Limited Eiability Company)	ar records.)
The Articles of Organization for this Limited Liability (and assigned
	<i>·</i>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir		
The new name must be distinguishable and contain the words "Lu	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		s, enter the name of the new registere
agent and/or the new registered office address here:		
Numer of New Designand Agents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vel address
		Florida
	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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
,		D∧dd	
			□Remove
		□Add	
			□Remove
			☐ Change
		DAdd	
		□Remove	
			UChange
			UAdd
			☐ Change

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fran eft <u>Note:</u>	ve date, if other than the date of filing:
e recon rd is til	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	1) 28 2023
	Signature of a member of authorized representative of a member
	Asult Penice R-H. Typed or printed name of signee

 $\varphi \in (0, 1, \frac{1}{2}, \frac{1}{2})$

Filing Fee: \$25.00