## L23000558 186

(Requestor's Name)
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## • COVER LETTER

TO:

	Registration S Division of Co			
eun ira	Murielle V	Vinery FL LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Alan Siegel		
			Name of Person	
		Murielle Winery FL LLC		
			Firm/Company	<del></del>
		13131 56th Court. Suite 30	95	202
			Address	
		Clearwater, Florida 33760		2071 JEN 31
		asiegel@muriellewinery.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notification)	
For furth	er information	concerning this matter, please ca	all:	1.
Alan Sie	gel /	Unk S	561- 512-6389	
	Name	of Person	Area Code Daytime Telephone	Number
Enclosed	is a check for	the following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Murielle Winery FL LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/19/2023	and assigned
lorida document number L23000558186		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
	NIA	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	NGA	-10 2
Principal office address MUST BE A STREET ADDRESS)	<u></u>	트를 풀
	<del></del>	<u> </u>
inter new mailing address, if applicable:	$\mathcal{N}\mathcal{A}$	ب ب
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	name of the new regist
	, /.	
Name of New Registered Agent:	MA	
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 Changing Registered Agent, Signature of New Registered 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>	Address	Type of Action
MGR	Brett Dieter	950 Lavers Circle. Apt 511. Delray Beach, FL 33444	🗆 Add
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			□Change
			□Add
			□Remove
		S CR. F.	Change
			Remove .
			□Add
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ffective date, if other an effective date is listed, the listed ocument's effective date.	ne date must be specific I in this block does no	and cannot be prior to of meet the applica	o date of filing or m	( <b>opti</b> ) ore than 90 days after 3 requirements, this	filing.) Pursuant to 605	5.02 <b>0</b> 1 ted as
e record specifies a The 90th day after	delayed effective the record is file	e date, but not ed.	an effective t	me, at 12:01 a	a.m. on the earli	er o
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ated						
January 24th, 202- Dated		(J)(	ans	,		