## P09000045030

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LA WINES	, INC.					
DOCUMENT NUMBER: POGOTOGI	5 <u>Ø</u> 3Ø	· · · · · · · · · · · · · · · · · · ·					
The enclosed Articles of Amendment and fee are sub	omitted for filing.	! 					
Please return all correspondence concerning this mate	ter to the following:						
ASLIE	CLU Z.  Name of Contact Person						
	Name of Contact Person						
074	Firm/ Company	5					
	Firm/ Company	<u> </u>					
1419 SW 22	AV #3 A	2					
<del>\</del>	Address						
MIAM	LFL 33/45						
	1419 SW 22 AR #3 AD  Address  MIAMI, FL 33145  City/ State and Zip Code						
		1					
ACRUZGOSALAL	JINE. COM	·					
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please							
	30 <i>5</i>						
ASUE CRUZ	at ( 🐼 🗷	1467-2949					
Name of Contact Person	Area Cod	) 467-2949 le & Daytime Telephone Number					
Enclosed is a check for the following amount made p	payable to the Florida Depai	tment of State;					
\$35 Filing Fee	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address	Street A						
Amendment Section	Amendment Section						
Division of Corporations  Division of Corporations  Division of Corporations							
P.O. Box 6327 Tallahassee, FL 32314		Building recutive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

(SALA WINK, INC,	72	in the second
(Name of Corporation as currently filed with the Florida Dept. of State)		92
P09000045030		
(Document Number of Corporation (if known)		بالمر
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fets Articles of Incorporation:	ollowing am	iendinen
A. If amending name, enter the new name of the corporation:		G
OSALA WINES, INC.	$Th_{\ell}$	e new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	the abbre	viation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent		
(Florida street address)	-	
New Registered Office Address:, Florida		
City)	(Zip Code,	)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po  Signature of New Registered Agent, if changing	sition.	
Signature of New Registered Agent, if Changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	, (47361 . 3641)	, <i>Sim</i> in	or an an and.				
X Change	<u>PT</u>	John Do	<u>oe</u>				
X Remove	<u>V</u>	Mike Jo	ones				
X Add	<u>sv</u>	Sally Sr	nith			1	
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s		
1) Change	VP	_	MAAMUD	SHIHADOH			FET
Add Remove					SUITE DOBAL	155  F133166	
2) Change		_				.:	
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<u>If amending or adding additional Au</u> Attach <i>additional sheets, if necessary)</i>	). (Be specific)					
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f an amendment provides for an ex provisions for implementing the an				ares.		
(if not applicable, indicate N/A)				1		
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MICHAEL B	LETANCO S.	- UD		0-1 4.01	1.071	18
MUNICIPAL L	DE ILANCOOK	/ VI	will	10emmi	COITF	1
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				!		

he date of each amendment(s) adoption:ate this document was signed.	. if other than the
Effective date if applicable:	
(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. It must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val
by	
(voting group)	ľ
The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder actio action was not required.	n and shareholder
Dated 7 25 17	
Signature / this	1
(By a director, president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
ASLIE CEUZ	
(Typed or printed name of person signing	g)
CEO	
(Title of person signing)	