

P14 0000 95508

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Wine World Inc.

DOCUMENT NUMBER: P14000095508

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Gil
Name of Contact Person
Wine World Inc.
Firm/ Company
1900 NW 129th Ave. Suite 115
Address
Miami, FL 33182
City/ State and Zip Code
AGil@wineworldusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Gil at (305) 877-0223
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|--|--|

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Wine World Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

1400095508
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A
2019 DEC 3 11:09:59

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A
2019 DEC 3 11:09:59

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 Amanda Gil

(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 position.

[Signature]
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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Aldo L. Nayera Jr.</u>	<u>1900 NW 120th Ave.</u> <u>Suite 115 Miami, Fl.</u> <u>33182</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Amanda Gil</u>	<u>15049 SW 52nd St.</u> <u>Miramar, Fl. 33027</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11/27/2019

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Modesto Gil
(Typed or printed name of person signing)

President
(Title of person signing)

DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)
POWER OF ATTORNEY

(Please read instructions before completing this form)

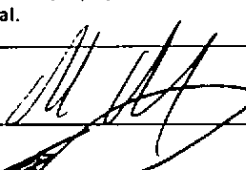

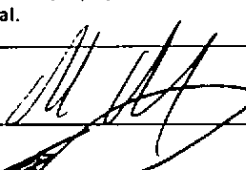

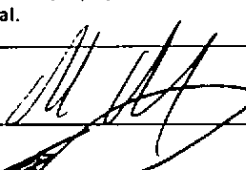

1. PRINCIPAL <small>(Name of Partnership, Corporation, Association, Limited Liability Company, Estate, or Individual)</small> WINE WORLD INC	2. BUSINESS IN WHICH ENGAGED IMPORTER AND WHOLESALER OF ALCOHOL
3. ADDRESS <small>(Number, Street, City, State, ZIP Code)</small> , TELEPHONE NUMBER, AND E-MAIL ADDRESS 1900 NW 129TH AVE, SUITE 110 <i>(old address: 12650 NW 25th St, Suite 112)</i> 786-348-8780 <i>Miami, FL 33182</i> agil@wineworldusa.com	
4. PRINCIPAL'S EMPLOYER IDENTIFICATION NUMBER <small>(Employer Identification Number or Social Security Number)</small> 30-0854424	5. PERMIT NUMBER / REGISTRY NUMBER <small>(If applicable)</small> FL-I-21379
6. NAME, TELEPHONE NUMBER, AND E-MAIL ADDRESS OF APPOINTED ATTORNEY AMANDA GIL, 305-877-0223 - AGIL@WINEWORLDUSA.COM	
7. ADDRESS <small>(Number, Street, City, State, and ZIP Code)</small> 15049 SW 52ND STREET MIRAMAR, FL 33027	
8. The above named principal, engaged in the business shown, has appointed the above named attorney to: <i>(See Instruction 2)</i>	

- ☒ (a) Execute for him/her all applications, notices, bonds, tax returns, tax information disclosure authorizations, and other instruments, claims, offers in compromise, letters, writings, and papers, and to act for him/her in dealing with the Alcohol and Tobacco Tax and Trade Bureau (TTB) in connection with matters relating to the laws and regulations administered by it. The principal authorizes the attorney named above to receive on his/her behalf any and all notices, papers, and letters from the Alcohol and Tobacco Tax and Trade Bureau in connection with all such matters, and grants him/her full power and authority to do all that is essential in and about the premises, as duly as the principal could do if personally present, with full power of substitution and revocation. The principal hereby ratifies and confirms all that the attorney must lawfully do or cause to be by virtue of this appointment.
- ☐ (b) Authorization limited to:

9. The power is to apply to the following. (If authority is restricted to a particular factory, plant, premises, etc., give name as: Distilled Spirits Plant, Tobacco Products Factory, Tobacco Export Warehouse, etc., and address and registry number; or, if a Wholesale Liquor Dealer, SDA, or Tax-Free Alcohol User; or if this Power of Attorney may be used for manufacturing or importing firearms or ammunition, etc., give permit number.)
- N/A

10. SIGNATURE OF APPOINTED ATTORNEY 	DATE 11/19/19
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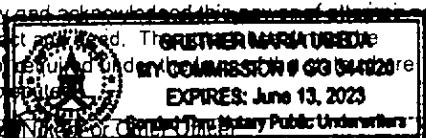
EXECUTION *(See Instruction 3)*

11. SIGNATURE IF PRINCIPAL IS INDIVIDUAL <small>(Signature of Principal)</small>	DATE																		
12. SIGNATURE IF PRINCIPAL IS PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP (LLP), ESTATE, CORPORATION, LIMITED LIABILITY COMPANY (LLC), OR ASSOCIATION. Under penalties of perjury, I declare that I have the authority to execute this power of attorney on behalf of the principal.	13. Seal of Corporation, Association, or LLC (A corporation, association or LLC will impress their seal below if they have one. If there is no seal, check the "Not Applicable box". The person(s) signing in Items 11 or 12 must have been granted signing authority (other than Power of Attorney) on another document previously approved or accepted by TTB).																		
<table style="width:100%;"> <tr> <td style="width:30%;">Signature</td> <td style="width:30%;">Title</td> <td style="width:40%;">Date</td> </tr> <tr> <td></td> <td>PRESIDENT</td> <td>Modesto Gil 11/19/19</td> </tr> <tr> <td>Signature</td> <td>Title</td> <td>Date</td> </tr> <tr> <td></td> <td>Vice President</td> <td>Aldo Neyra 11/26/19</td> </tr> <tr> <td>Signature</td> <td>Title</td> <td>Date</td> </tr> <tr> <td>Signature</td> <td>Title</td> <td>Date</td> </tr> </table>	Signature	Title	Date		PRESIDENT	Modesto Gil 11/19/19	Signature	Title	Date		Vice President	Aldo Neyra 11/26/19	Signature	Title	Date	Signature	Title	Date	<input type="checkbox"/> Not Applicable
Signature	Title	Date																	
	PRESIDENT	Modesto Gil 11/19/19																	
Signature	Title	Date																	
	Vice President	Aldo Neyra 11/26/19																	
Signature	Title	Date																	
Signature	Title	Date																	

14. ACKNOWLEDGMENT, WITNESSING, OR DECLARATION (Complete 14a, 14b, or 14c)

14a. ACKNOWLEDGMENT

The above-named person(s) signing as or for the principal(s) appeared before me today and acknowledged this power of attorney as his/her/their voluntary act and deed. The power of attorney is effective unless a seal is not required and the power of attorney is effective.



NOTARIAL SEAL
(If required)

Signature _____
Name or Official Title _____
Date 11/19/19 Title Director of H.R.

14b. WITNESSING

This power of attorney was signed by or for the principal(s) by a person or persons known to, and in the presence of, the two disinterested witnesses whose signatures appear below:

Signature of Witness _____ Date 11/26/19
Signature of Witness _____ Date 11/26/19

14c. DECLARATION by attorney or certified public accountant who is granted the power of attorney by this form.

I declare that I am currently: (Check applicable box)

☐ A member in good standing of the bar of the highest court of ¹

☐ Qualified to practice as a certified public accountant in ¹

¹ Insert Name of State, Possession, or District of Columbia

Printed Name

Signature

Date

FOR TTB USE ONLY

DATE RECEIVED FOR FILING

TTB OFFICE

RECEIVED BY (Signature and Title)

INSTRUCTIONS

1. GENERAL. This form is filed with TTB to show the appointed attorney is to represent the principal.
2. ITEM 8. A full power of attorney is granted by paragraph 8(a). The power of attorney may be limited or restricted by deleting all of paragraph 8(a) and listing the specific powers to be conferred in section 8(b).
3. EXECUTION. This form must be signed by or on behalf of the principal(s) as follows:
 - (a) INDIVIDUAL by his or her completion of item 11.
 - (b) PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP (LLP) by completion of item 12 by all partners, or one partner who attaches his/her authorization to act on behalf of all the partners unless this authorization is provided by State law.
 - (c) CORPORATION or ASSOCIATION by completion of items 12 and 13, an officer authorized by supporting corporate or organizational documents (preferably the president, vice-president, or treasurer; or LLC member or manager), must sign in item 12.
 - (d) ESTATE by completion of item 12 by the executor or administrator and attaching other such documents as may be required by TTB.
 - (e) LIMITED LIABILITY COMPANY (LLC) by completion of item 12 by all members or managers, or one member or manager who attaches his/her authorization to act on behalf of the LLC.
4. FILING. This form must be completed in duplicate, unless otherwise required, and submitted to the Director, National Revenue Center, 550 Main St., Ste. 8002, Cincinnati, OH 45202-5215. The original with any attachments will be retained by the Director, National Revenue Center, and all other copies will be returned to the principal. If the power of attorney is applicable to more than one business establishment, additional copies must be submitted for each.

- The additional copies will be filed in the same manner as when the power of attorney relates to only one establishment or business. Copies reproduced by photographic process need not be certified as copies of the original.
5. ORIGINAL OF A RULING. The Alcohol and Tobacco Tax and Trade Bureau will give to an appointed attorney the original of a ruling concerning the principal about TTB matters if a statement is made to that effect in item 8(b).
6. REVOCATION. A power of attorney remains in effect until revoked by the principal in written notice to the Director, National Revenue Center.
7. RULES. All persons representing clients before the Alcohol and Tobacco Tax and Trade Bureau must comply with the regulations governing representation (26 CFR Part 601 or those regulations as recodified in 27 CFR Part 71) and any other applicable rules and statutes.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used by TTB to ensure that only duly authorized individuals are signing documents. The information is voluntary. The estimated average burden associated with this collection of information is 30 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, 1310 G St., NW, Box 12, Washington, DC 20005. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.

Privacy Act Information

1. AUTHORITY. TTB requests the information on this form to carry out the requirements of the Internal Revenue Code of 1986 and the Federal Alcohol Administration Act since signatures are required on various returns and other documents required by those laws. See, 26 U.S.C. 6061(a) and 27 U.S.C. 204(c). The provision of the information on this form is voluntary.
2. PURPOSES. TTB collects the information on this form to ensure that only duly authorized individuals are signing documents submitted to TTB and to establish the extent of the designee's authority.
3. ROUTINE USES. The information will be used by TTB to make determinations set forth in paragraph 2 above. TTB officers may disclose the information to individuals to verify its accuracy where such disclosure is not prohibited by law. TTB officers may also disclose this information to other Federal, State, foreign, or local law enforcement and regulatory agency personnel for purposes of enforcement of the laws of such other agencies where not otherwise prohibited by law. The information may be disclosed to the Justice Department if the information appears to be false or misleading.
4. EFFECTS OF NOT SUPPLYING INFORMATION REQUESTED. Although the provision of the information on this form is voluntary, TTB may delay or deny the approval of the form where information is not complete or missing.
5. DISCLOSURE OF EMPLOYER IDENTIFICATION NUMBER AND SOCIAL SECURITY NUMBER. You do not have to supply these numbers. These numbers are used to identify an individual or business. If you do not supply the numbers, however, processing may be delayed.