

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H120001581273ABC.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WIN SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

12 JUN 13 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

12 JUN 13 PM 1:59

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Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD Help

JUN 14 2012

<https://efile.sunbiz.org/scripts/efilcovr.exe>

EXAMINER

6/13/2012

06/13/2012 15:06

H1200015827.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

WIN SYSTEMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/03/12 and assigned  
Florida document number L12000073593.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WIN/SYSTEMS	ESPACE SOLEI BAT D-2. RTE DE GRUSSA 11100 NARBONNE, FRANCE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WIN/SYSTEMS	ESPACE SOLEI BAT D-2. RTE DE GRUSSA 11100 NARBONNE, FRANCE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROXANE IRGOYEN	6863 SATINLEAF ROAD SOUTH #102 NAPLES, FL 34109	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROXANE IRGOYEN	6863 SATINLEAF ROAD SOUTH #102 NAPLES, FL 34109	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

R. Irгойen.  
Signature of a member or an authorized representative of a member.

ROXANE IRGOYEN

Typed or printed name of signee

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Filing Fee: \$25.00