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(Re	questor's Name)	
(Ad	dress)	
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(6)	- JOhana Min IDhana a	<u> </u>
, (Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	ıf Status
Special Instructions to	Filing Officer:	1
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SECRETARY OF STATE

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JIVISION OF CORPORATION
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COVER LETTER

TO: Registration Se Division of Cor	ction porations			
WINER MA	ACARON LLC			
SUBJECT:	Name of Limit	ted Liability Company		_
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter to	o the following:		
-	ALINE DARMOUNI			
		Name of Person		
•	MASSAT CONSULTING	GROUP LLC		
		Firm/Company	· · ·	
	44 WEST FLAGLER STRI	EET, SUITE 2300,		
		Address		
•	MIAMI, FL 33130			
	 	City/State and Zip Code		
	darmouni.aline@mcgintl.com			
		o be used for future annual	report notification)	
For further information c	oncerning this matter, please ca	.lt:		
ALINE DARMOUNI		305 60 at ()	00-4405 Daytime Telephone Nu	
Name o	f Person	Area Code	Daytime Telephone Nu	ımber
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is en	Cert closed) Cert	SECRETAR) OF Filing Fee. OF Filing Fee. OF CHARLES O
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registra Division Clifton I	T/COURIER ADDRES tion Section of Corporations Building ecutive Center Circle	OF STATE AM 4: 26 OF STATE E. FLORIDA Signal OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability		
(A Florida L	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Cor Florida document number L14000092438	mpany were filed on $\frac{06/09/2014}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
WINNERS MACARONS LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the registered agent and/or registe	ared office address on our reco	rds anter the name of the nev
B. If amending the registered agent and/or registeredstered agent and/or the new registered office addre		rds, enter the name of the nev
		rds, enter the name of the nev
		rds, enter the name of the nev
registered agent and/or the new registered office addre		rds, enter the name of the nev
registered agent and/or the new registered office addre		
registered agent and/or the new registered office addre	ess here: Enter Florida street add	ress Florida
Name of New Registered Agent: New Registered Office Address:	Enter Florida street add	ress
registered agent and/or the new registered office addre	Enter Florida street add	ress Florida

If Changing Registered Agent, Signature of New Register 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>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
-			
			□ Remove
			☐ Change
			☐ Remove
			□ Change
		-	Remove
			SECRETA SECRETA 15 JIM 1 SECRETA SECRETA
			FILE FILE FILE FILE FILE FILE FILE FILE
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			□ Changa

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing: O6/01/2015 Optional Godinal Optional
docui	nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	June 1st 2015
	AC: MY RESERVE
	Signature of a member or authorized representative of a member
	ALINE DARMOUNI - MASSAT CONSULTING GROUP LLC - REGISTERED AGENT 3 3

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00