

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L18000235551

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

From: Account Name : GOMES INSURANCE & ACCOUNTING CORP
Account Number : I20200000161
Phone : (954)531-1451
Fax Number : (954)697-0677

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
WINNERS BG LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

APPROVED AND FILED
2022 MAY 17 AM 9:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINNERS BG LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULO GOMES
Name of Person
GOMES INSURANCE & ACCOUNTING CORP
Firm Company
340 LOCK ROAD
Address
DEERFIELD BEACH FL 33442
City/State and Zip Code
PAULO@GOMESINS.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULO GOMES at (954) 832-2360
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
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WINNERS BG 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 10/08/2018 and assigned Florida document number L18000235551

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8620 CRESCENDO AVE

(Principal office address MUST BE A STREET ADDRESS)

WINDERMERE FL 34786

Enter new mailing address, if applicable:

8620 CRESCENDO AVE

(Mailing address MAY BE A POST OFFICE BOX)

WINDERMERE FL 34786

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:

Over Florida street address

Florida

City

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AND
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TALLAHASSEE
FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR/M	OSVALDO FOGLIANO	3275 DUNNING DR	<input checked="" type="checkbox"/> Add
		ROYAL PALM FL 33441	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MÓNIQUE PEREIRA BOTELHO	8201 SEVEN DR UNIT D	<input type="checkbox"/> Add
		BOCA RATON FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDERSON TRAVESANI	8620 CRESCENDO AVE	<input checked="" type="checkbox"/> Add
		WINBDERMERE FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FERNANDO P. MARTINS	16347 TALIESIN ST	<input checked="" type="checkbox"/> Add
		WINTER GARDEN FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

