L20000233293

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000401917690

02/13/23--01019--011 **30.00



of HIMISONS

COVER LETTER

TO: Registration Section Division of Corpo	ion orations		
SUBJECT:	HLLMBLE R	EAL ESTATE L	LC
	Name of Limite	ed Liability Company	
		Soul for Olivo	
	mendment and fec(s) are subm		
Please return all correspond	dence concerning this matter to	the following:	
	MYCH	ELLE NGUTEN Name of Person	
	HUMBLE	REAL FSTATE Firm/Company	LLC_
	6608 RANG	FR DR Address	
		PA, FL 33615 City/State and Zip Code	
	MYCHELLE E-mail address: (t	o be used for future annual report notif	1 A L COM Teation)
For further information co	ncerning this matter, please ca	ill:	
MY (HELLE Name of	NATHEN Person	at (<u>858</u>) <u>129</u> Area Code Daytimo	e Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of 7	rporations
Tallahassee, F	L 32314	241318, MOMO	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)		f
The Articles of Organization for this Limited Liability C Florida document number <u>L 2000 o 23329</u>	Company were filed on August 4th,	2 920 and assigned	
This amendment is submitted to amend the following:	_		
A. If amending name, enter the new name of the limi	ited liability company here:		
WYNN MORA LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDR	(ESS)		_
			_
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE BOX)			_
			_
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the n</u>	ame of the new regist	tered
Name of New Registered Agent:	* 4 th to - 4 th to		_
New Registered Office Address:			_
	Enter Florida street address		
	, Florida	Zip Code	_
	City	гір Соле	

New Registered Agent's Signature, if changing Registered Agent:

I hercby 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

4 .	<u> </u>
•	
F Effect	ive date, if other than the date of filing: (optional)
(II an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	February 9th 2023
	Signature of a member or authorized representative of a member
	MYCHELLE NGUTEN Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00