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Florida Department of State
Division of Corporations
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(((H25000332751 3)))



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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WYNAND LLC**

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J. LEINEUX
SEP 17 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

H25000332751

SUBJECT: WYNAND 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:

MANUEL E. IGLESIAS

Name of Person

IGLESIAS LAW PA

Firm/Company

121 Alhambra Plaza, Suite 1000

Address

Coral Gables, FL 33134

City/State and Zip Code

manuel.iglesias@iglesiaslawfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karleen Foster

305 321-3749

at (_____) _____

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

H25000332751

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H25000332751

WYNAND 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 05/24/2023 and assigned
Florida document number L23000254099

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: DONCASTER HOLDINGS, LLC
New Registered Office Address: 16520 NW 11 COURT
Enter Florida street address
PEMBROKE PINES, Florida 33028
City 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 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.

Michael Foster, Manager
If Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MANUEL IGLESIAS	P.O. BOX 330142	<input type="checkbox"/> Add
		MIAMI, FL 33233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MONICA CONSTAIN	P.O. BOX 330142	<input type="checkbox"/> Add
		MIAMI, FL 33233	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KARLEEN FOSTER	16520 NW 11 COURT	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<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

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