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COVER LETTER

10:	Division of Corporations	
SUBJE	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	YANING MCULTZKI ESQ. YANINA MICULTZKI, PK JOSO BISCAINE BIVY # 306 Firm/Company	
Division of Corporations SUBJECT: 310 WNWOOD LCC 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: Vanior Mcullar Esq. Vanior Firm/Company Author Address City/State and Zip Code Vanior Mcullar Mcullar Vanior Mcullar Mcullar Address Mcullar Mcullar Addres		
	City/State and Zip Code	
For fur	ther information concerning this matter, please call:	
	Name of Person at (305) VSo - 106/ Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
, ⊠ \$2.	Certificate of Status Certified Copy Certificate of Status	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



TO ARTICLES OF ORGANIZATION OF

310 WYNW00d
(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 1/02/2015 and assigned Florida document number 150000185812
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:
New Registered Office Address:
Enter Florida street address
${City}, Florida \xrightarrow{\bigcirc \longrightarrow} Zip Sode$
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.

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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		\$900, Aventure, F1 33180	_ □ Remove
			Change
MGR	Cabaliae Doniel, Elias	19950 W. Country Child	Add
		#900, Aunturp, F1 3310	☐ Remove
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E. Effective date, if oth	her than the date of filing:	:	(opt	ional)	
Note: If the date inse	ed, the date must be specific and our cred in this block does not make date on the Department of State	eet the applicable statuto	ing or more than 90 days after ory filing requirements, th	er filing.) Pursuant to 6 is date will not be li	05.0207 (3)(sted as the
	s a delayed effective date	ate, but not an effe	ctive time, at 12:01	a.m. on the ear	lier of:
Dated 16	16				
)	
	Signature of a m	ember or authorized repres	sentative of a member		
			1 . d. 1. /-		
	yanı	Typed or printed name of s	14 3/4, ESP	2	

Page 3 of 3

Filing Fee: \$25.00