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COVER LETTER,

TO: Registration So Division of Cor					
21 Win Flo	orida LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Timothy A. Duffy				
	-	Name of Person			
	Law Office of Timothy A.	Duffy, P.C.			
		Firm/Company	·		
	725 W Orchard Cir				
		Address	·		
	Lake Forest, IL 60045				
		City/State and Zip Code			
	tduffy@tduffylaw.com				
For further information c	e-mail address: (to be used for future annual report notifall:	ication)		
Timothy A. Duffy		847 530-4920 at ()			
Name of Person			· Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:	····		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 Win Florida LLC

2022 NOV 16 P

(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 November 10, 2022 and assign Florida document number $\frac{1.22000479192}{1.22000479192}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 21 Win FL LLC 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 re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

City

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 beir or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	Mukesh M. Patel	21 Winchester Dr	= Add
		Scotch Plains, NJ 07076	□ P.anyoy
			□Change
			□Add
			□Remov
			Change
			🗀 Add
			□Remov
		<u> </u>	□Change
			
			□Remov
		<u> </u>	Change
			
			□Remov
			□Chang
			□Add
		<u> </u>	□Remo
			□Chang

-	
<u> </u>	
	
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(If an effective d Note: If the o	if other than the date of filing:
the record speci ford is filed.	is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated Novem	er 11 2022
<i>~</i>	
	Signature of a member of authorized representative of a member
Ti —	othy A. Duffy, Attorney for 21 Win LLC
	Typed or printed name of signee

Filing Fee: \$25.00