

L050000006657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

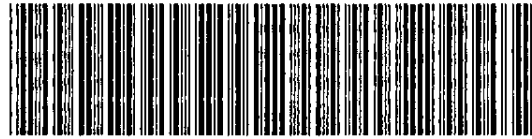
(Business Entity Name)

(Document Number)

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11 MAR 10 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
MAR 11 2010  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WINNER 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:

SUSAN ANNE WINNER  
Name of Person

\_\_\_\_\_  
Firm/Company

2200 ESTEY  
Address

NAPLES, FL, 34104  
City/State and Zip Code

sueanne21@yahoo.co.uk  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN WINNER at (39) 248 5813  
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

WINNER 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 01/21/2005 and assigned  
Florida document number L05000006657

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STATE OF FLORIDA  
TALLAHASSEE

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GODFREY LLC

The new name must be distinguishable and end with 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)

2200 ESTEY AVE  
NAPLES, FL, 34104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2000 ESTEY AVE  
NAPLES, FL, 34104

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:

SUSAN ANNE WINNER

New Registered Office Address:

2200 ESTEY AVE

Enter Florida street address

NAPLES  
City

Florida

34104  
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 608, 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.

x Sue Winner x  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

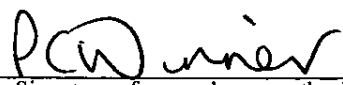
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SUSAN ANNE WINNER	2200 ESTEV AVE NAPLES, FL, 34104	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ROBERT JAMES HILL	68 RIC BOURNE HILL BECCLES, SUFFOLK, UK.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
xMGRM	PAUL C WINNER	NR 34 95Q 3991 KIRK CT NAPLES, FL, 34116	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
xMGRM	SUSAN A WINNER	3991 KIRK CT NAPLES, FL, 34116	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated 03/09/2011

  
 Signature of a member or authorized representative of a member  
PAUL CHARLES WINNER  
 Typed or printed name of signee