L07000090747

(Re	questor's Name)			
(Address)				
DA)	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		,		

Office Use Only



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04/14/10--01024--004 **43.75





April 15, 2010

BARRY MESTAL 325 CENTERPOINT CIRCLE SUITE 1319 ALTAMONTE SPRINGS, FL 32701

SUBJECT: FASTBREAK TO SUCCESS YOUTH FOUNDATION LLC

Ref. Number: L07000090747

We have received your document for FASTBREAK TO SUCCESS YOUTH FOUNDATION LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 910A00009286

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FASTBREAK TO SUCKES YOUTH FOUNDATION 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:
BARRY L. Mistel Name of Person
Winning Ways Firm/Company
385 CENTERPOINTE CIRCLE SUITE 13/9 Address
ALTAMONI Spainss F/3270/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 339-7053 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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

FILED	•
10 APR 30 AM 10:	15
SECRETARY OF STA	TE

(Name of the Limited Limited Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/15/2018 and assigne Florida document number 40700090147

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	ility company here:		
Winning Ways your	h Foundation LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	385 Center Point C.R #1319 Altamork Springs 7+ 32701		
(Principal office address MUST BE A STREET ADDRESS)	Altamork Springs 7+ 3270/		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			
Name of New Registered Agent:			
New Registered Office Address:	·		
	Enter Florida street address		
	, Florida		
	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 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.

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>	Address	Type of Action	
`			<u>_</u>	
•	•		Remove	
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D. If amen	ding any other information, enter	change(s) here: (Attach additional sheet.	s, if necessary.)	
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Dated	4/27/2010	· ·		
	Ban 2. 11	Nectal		
	Signature of a n	nember or authorized representative of a men	nber	
	12ARRY L.	Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00