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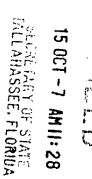
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(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	MAIL MAIL	
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Se Division of Cor			•
SHB IE		on, LLC		
SUBJECT:    Name of Limited Liability Company				
			•	
		David D. Bone, Attorney		
			Name of Person	<del></del>
		David D. Bone, P.A.		
			Firm/Company	
		100 Wallace Ave, Suite 10	00	
			Address	
		Sarasota, Fl. 34237	•	•
			City/State and Zip Code	<del></del>
For furth	er information co		•	ication)
David D	. Bone			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e 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

J.A. Winston, LLC				
(Name of the Limited	d Liability Compan A Florida Limited L	ny as it now appears on our r iability Company)	records.)	
he Articles of Organization for this Limited Lia lorida document number	bility Company	were filed on <u>2/29/2008</u>	and as	ssigned
nis amendment is submitted to amend the follow	wing:			
If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable:  9707 Calcutta Place, Bradenton, Fl. 34202  ter new mailing address, if applicable:  9707 Calcutta Place, Bradenton, Fl. 34202				
e new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation."	L.C.Paga Land ex
Enter new principal offices address, if applicable:		9707 Calcutta Place, Bradenton, Fl. 34202		
rincipal office address MUST BE A STREET	ADDRESS)		·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9707 Calcutta Place, Brad	denton, Fl. 342025	<del>1</del>
If amending the registered agent and/o			cords, enter the nant	of the new
Name of New Registered Agent:			TALE ORIDA	,
New Registered Office Address:	9707 Calcutta Pl		,	
		Enter Florida street d	address	
	Bradenton		_, 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 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.

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 being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u> <u>Name</u> <u>A</u></u>		Address	Type of Action		
MGR Sergio Germade		4172 Lancaster Dr.	Add		
		Sarasota, Fl. 34241	Remove		
			Change		
		-			
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			Change		
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		TALLAHASSE	Add BAdd BAdd BAD BAD BAD BAD BAD BAD BAD BAD BAD BAD		
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ective date, if other than the date of a effective date is listed, the date must be specified. If the date inserted in this block does nument's effective date on the Departmen	ic and cannot be pro not meet the app	rior to date of filin plicable statutor	or more than 90	_ (optional) days after filing.) ents, this date v	Pursuant to 6	05.0
ument's effective date on the Departmen	t of State's recor	rds.				
record specifies a delayed effect	ive date hut	not an effect	ive time at 1	12:01 a.m. o	n the ear	lior .
The 90th day after the record is f	iled.	not an ence	ive diffe, de i	2.01 6.111, 0	ii die ear	116,
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ated9/24/15	<del></del>	-				
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Charles 2		$\overline{}$				
Joseph Signature	of a member or a	uthorized represe	7 ntative of a member	T.		

Page 3 of 3

Filing Fee: \$25.00