## W80000 44944

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ESECRETARY OF STATE

T. CLINE

SEP 1 2 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			•
SUBJECT: Pamela S. Wynn, LLC			
(Na	ame of Limited Liability Co	mpany)	
Dear Sir or Madam:			,
The enclosed Articles of Correction and fe	e(s) are submitted for filing.		
Please return all correspondence concernin	g this matter to the following	g:	
,			
Pamela S. Wynn		_	
(Name of Person)	•		
Pamela S. Wynn, LLC			eri Seuli
(Firm/Company)			333 335 311.
PO Box 1374		_	
(Address)			1.4.1 3
Lake Worth, FL 33460		_	7 3
(City/State and Zip Co	ode)	-	1: 08 TATE ORID
For further information concerning this ma	tter, please call:		Out oo
Pamela S. Wynn	at ( 561	588-8611	
(Name of Person)	(Area Code &	& Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:		
☑ \$25 Filing Fee & Certificate of St		☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pamela S. Wynn, LLC				
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our re d Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Compa	any were filed on May 5, 2008	and assigned		
Florida document number L08000044944				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Company," the des	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	TAL SE		
	***************************************	SE SE		
Enter new mailing address, if applicable:		%n <		
(Malling address MAY BE A POST OFFICE BOX)	<del></del>	20 2 2		
•				
B. If amending the registered agent and/or registered	office address on our record	***		
registered agent and/or the new registered office address		is, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florid	(Enter Florida street address)		
***************************************	, <b>I</b>	Florida(Zip Code)		
	(CHY)	(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 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 = N	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
·	-				
			Remove		
			Add		
			Remove		
			Remove		
			Add		
			Kenlove		
			Add Remove		
*	<del></del>		Add Remove		
			70 -		
		ge(s) here: (Attach additional sheets, if necessare for which this Limited Liability Company is org	**************************************		
All	ucie in is Amended to read. The purpose	s for which this Elithed Elability Company is of	janizen.		
			· · · · · · · · · · · · · · · · · · ·		
******			···		
-			*More discussion		
Dated Septe	ember 8 , 2008	······································			
	Signature of a member	uyuu er or/authorized representative of a member			
	Parhela S. Wynn, as Mo	d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00