

L080000071524

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

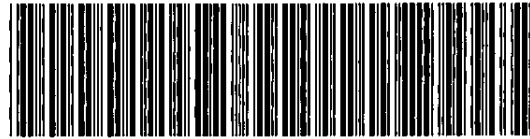
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2012 FEB 20 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

FEB 21 2012

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: WINNER PRODUCTS LLC

DOCUMENT NUMBER: L08000071524

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO A ALVAREZ

Name of Contact Person

WINNER PRODUCTS LLC

Firm/ Company

3566 N.W. 50TH STREET

Address

MIAMI, FLORIDA 33142

City/ State and Zip Code

sale@winnerbrakes.com

E-mail address: (to be used for future annual report notification)

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2012 FEB 20 PM 12:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

For further information concerning this matter, please call:

EDUARDO A ALVAREZ

Name of Contact Person

at ( 305 )

608-3857

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WINNER PRODUCTS 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 7/24/2008 and assigned  
Florida document number 608000071524

FILED  
2008 FEB 20 PM 12:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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)

3566 NW 50 ST.  
MIAMI - FL 33142

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 228733  
MIAMI - FL - 33222

**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:

EDUARDO A. ALVAREZ

New Registered Office Address:

3566 NW 50 ST.

Enter Florida street address

Miami, Florida 33142  
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.

Eduardo A. Alvarez  
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

Title	Name	Address	Type of Action
MGR	SONIA A. ALVAREZ	3566 NW 10 ST. MIAMI FL 33142	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	EDUARDO A. ALVAREZ	3566 NW 10 ST. MIAMI FL 33142	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RONNY ALVAREZ	3566 NW 10 ST. MIAMI FL 33142	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)

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

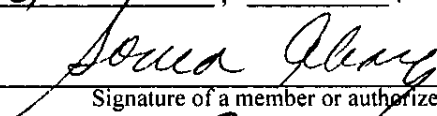
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB 20 PM 12:44

FILED

Dated

2/16/2012



Signature of a member or authorized representative of a member

SONIA A. ALVAREZ

Typed or printed name of signee