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Jan Garage State

C. LEWIS

NOV 5 2009

EXAMINER

. COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WIN A HOUSE FL, 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:
ROBERT 6 DANLEY SR. Name of Person
Firm/Company 10802 MAW ST. STE D
10802 MAIN ST. STE D Address THONOTOSASSA, FL. 33592 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
ROBERT G. DANLEY SR. at (813) 315- 9853 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

FILED

2009 NOV -4 PM # 14

(Name of the Limited Liability Compar (A Florida Limited L	L. LLC	SECRETARY OF STATE
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our iability Company)	records.) ALLA
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit	ALES, LLC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	10802 MA	IN ST, STE D
(Principal office address MUST BE A STREET ADDRESS)	THONOTOSA	SSA, FL 33592
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street address
		FloridaZip Code
	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 Title · <u>Name</u> <u>Address</u> Type of Action .□ Add Remove ☐ Add Remove Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated NOVEMBER Signature of a member or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00