P08000080137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

12/22/09--01033--005   **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 28 PM 1:49

G. MCLEOD
DEC 2 9 2009
NO #
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: __WINS, 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:

__Darrin M. Mylet__
Name of Person

__WINS, LLC__
Firm/Company

__10006 Cross Creek Blvd #436__
Address

__Tampa FL 33647__
City/State and Zip Code

__dmylet@gmail.com__
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__Darrin M. Mylet__ at (__813__) __784-9521__
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                        (additional copy is enclosed)   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

_____
(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 ____**August 19, 2009**____ and assigned

Florida document number _____**L09000080137**_____.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here:</u>

_____

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here:</u>

<u>Name of New Registered Agent:</u> _____

<u>New Registered Office Address:</u> _____

Enter Florida street address

_____, **Florida** _____

City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, <u>Signature of New Registered Agent</u>

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:**
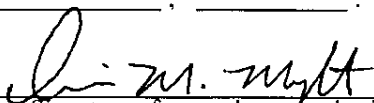
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Darrin M. Mylet	10006 Cross Creek Blvd #436 Tampa FL 33647	☑ Add ☐ Remove
MGRM	Jim Selby	10006 Cross Creek Blvs #436 Tampa FL 33647	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.

_____
Signature of a member or authorized representative of a member

Darrin M. Mylet
_____
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00