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| (Req | uestor's Name) | | |
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COVER LETTER

TO:

Registration Section
Division of Corporations

IBJECT: Wintake Employment services, 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:

Setegne Alemayehu

Name of Person

Wintake Employment Services, LLC.

Firm/Company

7035 Phillips Hwy. Suit # 29

Address

Jacksonville, FL. 32216

City/State and Zip Code

sawin@wintake.net

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

For further information concerning this matter, please call:

Setegne Alemayehu

904 738-7323

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

| Wintake Employment Service | es, LLC. | | |
|--|--------------------------------------|---|-----------------------------|
| (Name of the Limited Li (A Fl | ability Company orida Limited Lia | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liab Florida document number <u>L10000130581</u> | ility Company v | were filed on January 10, 2011 | and assigned |
| This amendment is submitted to amend the follow | ing: | | 6 |
| A. If amending name, enter the new name of the | e limited liabil | ity company here: | P P D |
| N/A | | | Res . |
| The new name must be distinguishable and end with the "L.L.C." | he words "Limite | d Liability Company," the designation | 1 "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | le: | Setegne Alemayehu | |
| (Principal office address MUST BE A STREET A | ADDRESS) | 757-4 King Street | |
| | | Jacksonville, FL.32204 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Wintake Employment Servi P.O. Box 57181 | ces, LLC. |
| Manning waters have been been a second | <u> </u> | Jacksonville, FL. 32241-332 | 25 |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | e address here: | | r the name of the new |
| Name of New Registered Agent: | Setegne Ale | mayenu | |
| New Registered Office Address: 7035 Phillips Hwy. Suit # 29 | | | |
| | | Enter Florida street d | |
| | Jacksonville | , Fibrida | 32216 |
| | | Citv | Zin 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

Page 1 of 3

SETEGNE ALEMAYETTY

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--|----------------|
| MGR | Henry LiM | 5384 Darby Way | Add |
| | | Jacksonville, FL 32257 | Remove |
| MGR | Setegne Alemayehu | 757-4 King St. | Add |
| | | Jacksonville, FL 32204 | Remove |
| | | | Add |
| | | S P P P P P P P P P P P P P P P P P P P | Remove |
| | | Fig. 1. Section 1. Sec | |
| | | | Remove |
| | | | |
| | | | Add |
| | | | |
| | | | Add |
| | | | Remove |

| | n, enter change(s) here: (Attach additional sheets, if i | • • |
|------------------|--|-------|
| Mr. Henry Lim ha | s been passed away on 06/29/20 | J13 |
| | | |
| | | |
| | | |
| | <u>-</u> | |
| ated July 8th | 2013 | |
| A. 1 | Vemazeher | |
| Signat | ure of a member or authorized representative of a member | |
| Setegné Alemay | ehu | |
| | Typed or printed name of signee | - JAA |

Page 3 of 3
Filing Fee: \$25.00