

L120000006454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

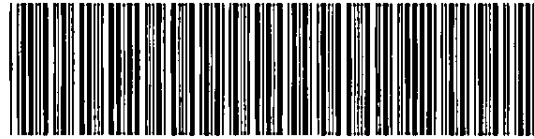
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*need complete form*

Office Use Only



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03/18/21--01029--005 \*\*30.00

FILED

2021 APR 28 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend/Name Change*

JUN 08 2021

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Orchid Realty 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:

Kentisha Wingo  
Name of Person

Orchid Realty LLC  
Firm/Company

1025 Gateway Blvd Ste 303-123  
Address

Boynton Beach FL 33426  
City/State and Zip Code

twingo@orchidpm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kentisha Wingo at ( 786 ) 529-0984  
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 APR 28 PM 3:12

FILED

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 APR 28 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 13, 2021

KENTISHA WINGO  
WINBROW LLC  
1025 GATEWAY BLVD., SUITE 303-123  
BOYNTON BEACH, FL 33426

SUBJECT: ORCHID REALTY LLC  
Ref. Number: L12000006454

We have received your document for ORCHID REALTY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application. You are missing page 2 & 3.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 021A00007616

Hello, please see attachments. I am requesting to change my company name back to its original name, Winbrow LLC.

Please contact me at 786-529-0984 for questions.

Thank you!

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

Orchid Realty LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 APR 28 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on January 13, 2012 and assigned  
Florida document number L12000006454.

This amendment is submitted to amend the following:

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

Winbrow LLC

The new name must be distinguishable and contain 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)

2500 Quantum Lakes Blvd  
Suite 203  
Boynton Beach FL 33426

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

(Mailing address MAY BE A POST OFFICE BOX)

1025 Gateway Blvd Ste 303-123  
Boynton Beach FL 33426

**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:

Kentisha Wings

New Registered Office Address:

2500 Quantum Lakes Blvd Ste 203

Enter Florida street address

Boynton Beach

Florida

33426

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 605, 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.*

Kentisha Wings

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Deatska Neaf  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kentana Wingo

Typed or printed name of signee