

U120000 15514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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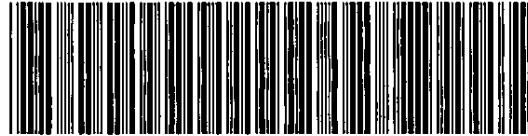
(Business Entity Name)

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TALLAHASSEE, FLORIDA

DEC 21 2015
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December 18, 2015

VIA UPS OVERNIGHTMAIL

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

Reference: Our file number: 6278-37
WINI, LLC

Dear Sir or Madam:

Enclosed please find our check number 30830 in the amount of \$30.00 along with an the Articles of Amendment to Articles of Organization for WINI, LLC.

Should have any questions or need further assistance, please do not hesitate to contact our office.

Sincerely,



Debbie Henderson
Legal Assistant

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WNI, 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:

Bertrand LeHelley

Name of Person

Hexagon International, Inc.

Firm/Company

8297 Champions Gate Boulevard, Unit 200 FCG

Address

Champions Gate, FL 33896

City/State and Zip Code

bertrand@floridacontact.com

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

For further information concerning this matter, please call:

Bertrand Le Helley

Name of Person

at (407)

Area Code

624 4286

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**

WINI, 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 April 29, 2015 and assigned
Florida document number L12000015514

This amendment is submitted to amend the following:

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

WINI, 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) _____

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--------------------------|-----------------------------------------|
| MGR | Antoine Divay | 1505 Legends Boulevard | <input checked="" type="checkbox"/> Add |
| | | Champions Gate, FL 33896 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

15 DEC 21 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated December 11 2015

[Signature]

Signature of a member or authorized representative of a member

Didier Papillaud and Myriam Papillaud

Typed or printed name of signee