

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:	Vinter Park Name of Limi	Annual LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subt	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Anthony	Joseph DiNoup	
	Winte	Name of Person  Park Annul Firm/Company	
	Po B	POX 96	
	Winter F	Park FL 32790	
	Anthony. D E-mail address: (	City/State and Zip Code  Nova Dymail. Com to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca	all:	
		at (5/k Area Code) 96/63	329
Name d	erson	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

Winter Park	cAnnual LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Winter Park Events		
The new name must be distinguishable and contain the words "Limited Liabi		_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Orlando FL 32	re #103 814
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered o	ffice address on our records, <u>enter</u>	r the name of the new
Name of New Registered Agent:	Anthony Joseph Div 785 Prospect Are # 1 Enter Florida street address	NOVA Jr.
New Registered Office Address:  Or	Enter Florida street address  -lando Florida_	5010
	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.

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
116K	Anthony Joseph DiNautr	1785 Prospect Ave# 103	Add
		Orlando FL 82814	Remove
		1785 Prospect Ave#103 Orlando FL 82814 8035 Bayside View Drive Orlando FL 82819	☐ Change
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cument's effective date on	the Department of S	State's records.			
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he 90th day after th	e record is filed.	2016			
	e record is filed.				डार्न
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he 90th day after th	e record is filed.		epresentative of a m	ember	

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Filing Fee: \$25.00