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SECRETARY OF STATE
TALLAHASSTE, FLORIDA

FILED 13 SEP 16 AH 8: 00

COVER LETTER

TO: Registration Sect Division of Corpo		\land	
SUBJECT:	Name of Limite	d Liability Company	LC
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	ş
	Scott	A Sewal	
	Winona	Name of Person Holdings, L	
	205 P	Firm/Company St	····
	Merr. H	Address	- 32953
	Sewall Sco E-mail address: (to	be used for future/annual report notificat	COW)
For further information cor	ncerning this matter, please ca	n: (,
Scott A	Sevall	at (321) 403 - Area Code & Daytime To	3894 elephone 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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Winana Holdin	45 LLC
(Name of the Limited Liability Compan (A Florida Limited Lia	has it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L13000015</u> .84	were filed on 01/03/13 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
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 registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	71
New Registered Office Address:	Enter Florida street address 7
	Florida Sireer adares (F)
	Ciny Zip:Co生 П
New Registered Agent's Signature, if changing Registered Agent:	B: O
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and covided for in Chapter 608, F.S. Or, if this document is

company has been notified in writing of this change.

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 Type of Action Name <u>Address</u> Title Steve Seval 205 Pamel MGRM Remove

Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	09-11-13/10. 11.
	Scoll Seual
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00