113000128341

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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COVER LETTER

TO: Registration So Division of Con			
WIN 1203 SUBJECT:	LLC		
SCHOLCI.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Gregory R. Fishman, Esq.		
		Name of Person	
	Gregory R. Fishman, PA		
	-	Firm/Company	
	2750 NE 185 St., Ste. 204		
		Address	
	Aventura, FL 33180		
	<u> </u>	City/State and Zip Code	
	greg@grfpa.com	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	·	canony
Gregory R. Fishman		305 792-6945	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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**

WIN 1203 LLC							
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)						
The Articles of Organization for this Limited Liability Company Florida document number L13000128341	were filed on September 11, 2013	and assigned					
his amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	ility company here:						
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	210 174 Street, Ste. 1204						
Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach, FL 33160						
·		<u> </u>					
Enter new mailing address, if applicable:	210 174 Street, Ste. 1204	BC C					
Mailing address MAY BE A POST OFFICE BOX)	Constitution of the Design of						
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		enter the name of the					
Name of New Registered Agent:	****						
New Registered Office Address:	Enter Florida street address						
	, Flori	da					
	City	Zip Code					

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>	Address	Type of Action
MGR	DORRA, MAXIMO	210 174 Street, Stc. 1204	■ Add
		Sunny Isles Beach, FL 33160	□ Remove
			□ Change
MGR	DORRA, ELIAS	210 174 Street, Ste. 2206	□ Add
		Sunny Isles Beach, FL 33160	■ Remove
		 	Change
			Add
			□ Remove
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an effective date of the date	is listed, the date is inserted in the	te must be specifi his block does r	c and cannot not meet the	be prior to de applicable	ate of filing or statutory fil	more than 90 c	lays after filir ents, this da	ig.) Pursua te will no	int to 60 it be lis	05.02 sted
ocument's effe	ective date on t	the Department	of State's r	ecords.	•					
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		layed effective record is file		out not a	n effective	time, at 1	2:01 a.m	. on the	e ear	lier
December ated	er 15	1//	2016	5						
		1// -	·							

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Typed or printed name of signee

Filing Fee: \$25.00