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D. SCOTT DEC 1 9 2016

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
CUD IE	WIN 1705 I	LLC		
SUBJE	C1;	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Gregory R. Fishman, Esq.		
			Name of Person	
		Gregory R. Fishman, PA		
			Firm/Company	
			Address	
		Aventura, FL 33180		
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
Gregory	R. Fishman		305 792-6945	. س
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e following amount:		愛る「田
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Startis & W
	MAIL	ING ADDRESS:	STREET/COURT	FR ANNRESS:

s. , 4

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIN 1705 LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Includes the Articles of Organization for this Limited Includes I	Liability Company	were filed on September 17, 2013	and assigned		
This amendment is submitted to amend the following	llowing:				
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" or the a	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			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		210 174 Street, Ste. 1204 Sunny Isles Beach, FL 1204			
3. If amending the registered agent and egistered agent and/or the new registered of	d/or registered o office address her	ffice address on our records, <u>enter</u>	the name of the		
Name of New Registered Agent:	Gregory R. Fis	hman, Esq.	题 6		
New Registered Office Address:	2750 NE 185 S		海里 0		
	Aventura	Enter Florida street address , Florida ³	3180 23 P		
		, Florida, Citv	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 Stenature of New Registered Agent

Page 1 of 3

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>	Type of Action
MGR	DORRA, MAXIMO	210 174 Street, Ste. 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
			Remove
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	pecifies a delayed day after the rec			t not an ef	fective tim	e, at 12:01 a	a.m. on the e	arlier (
Decemb	ber 15		2016	_				
ated				*				
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ated		Signature	a member or	authorized rep	oresentative of	a member		

Page 3 of 3

Filing Fee: \$25.00