L13000131079

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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ALLAHASSEE, FLORIDA

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COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	WIN 2206 L						
Name of Limited Liability Company							
	1 4 7 1						
The enclosed	1 Articles of A	Amendment and fee(s) are subr	nitted for filing.				
Please returr	all correspor	ndence concerning this matter t	o 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					
			City/State and Zip Code				
		greg@grfpa.com					
		E-mail address: (to	o be used for future annual report notific	cation)			
For further in	nformation co	ncerning this matter, please ca	II:				
Gregory R. l	Fishman		305 792-6945				
	Name of	Person	at () Area Code Daytime `	Telephone Number			
Enclosed is a	a check for the	e following amount:					
■ \$25.00 F	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

TO:

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIN 2206 LLC							
(<u>Name of the Lin</u>	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Florida document number L13000131079	Liability Company	were filed on September 17, 2013	and assigned				
This amendment is submitted to amend the fo	llowing:						
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbrev							
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		210 174 Street, Ste. 1204					
		Sunny Isles Beach, FL 33160					
Enter now moiling address if applicable.		210 174 Street, Ste. 1204	n- n- o d				
	E ROX)		200				
			B DEC 16				
Name of New Registered Agent:	Gregory R. Fis	hman, Esq.	ROLL				
New Registered Office Address:	2750 NE 185 S						
	•	Enter Florida street address					
	Aventura	, Florida	33180				
		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

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, 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
			☐ Remove
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			ASSET ACRI
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ffective an effecti	date, if other t ive date is listed, th	than the date of e date must be spec	f filing: ific and o	cannot be p	rior to dat	e of filing	or more th	(o an 90 days a	ptional) itter filing.)	Pursuant to	605.020) 7 (
lote: If t	the date inserted	in this block doe on the Departme	s not me	eet the app	licable:	statutory f	iling requ	iirements,	this date v	vill not be	listed a	ıs t
e recor The 90	d specifies a Oth day after	delayed effec the record is	tive da filed.	ate, but	not an	effectiv	e time,	at 12:0	1 a.m. o	n the ea	arlier (of:
De Dated	ecember 15	.1/		2016								
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00