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SECRETARY OF STATE

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TO:

Registration Section
Division of Corporations

WYNWOOD HOME LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Avi S. Tryson, Esq.

Name of Person

Goede, Adamczyk & DeBoest, PLLC

Firm/Company

8950 Fontana Del Sol Way, Suite 100

Address

Naples, Florida 34109

City/State and Zip Code

atryson@gad-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Avi S. Tryson, Esq.

*,,,*786,,294-6002

Name of Person

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

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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(Explication Similar	(A Florida Limited L	iability Company)	our records.		
The Articles of Organization for this Limited I Florida document number <u>L13000152462</u>	Liability Company v	were filed on Octob	per 29, 2013	and assig	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabil	lity company here:			
The new name must be distinguishable and end with the	words "Limited Liabil	lity Company," the desig	nation "LLC" or the ab	breviation "L.L	C."
Enter new principal offices address, if appli-	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered off office address here	ice address on our	r records, enter	SECRETARY OF STATE	The new
New Registered Office Address:	c/o Avi Tryso	on, 8950 Fontan		#100	
	Naples	Enter Florida si	reet address , Florida <u>34</u>		
Now Desistand Agent's Signature if changing	Domintound Amends	City		Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg	ed agent and agre per and complete p	performance of my e	duties, and I am fa	miliar with a	and

being filed to merely reflect a change in the registered office address, shereby 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			☐ Remove
	•		Add
			Remove
			1 10 12 12 12 12 12 12 12 12 12 12 12 12 12
			SECHETARY OF STAT
			SS CORREMOVE
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			□ Remove
			□ Add
			☐ Remove

).	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•	
	•	
(Effect The eff	tive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
		te this document is filed by the Florida Department of State)
	Dated	OCTOBER 8 2014
		Signature of a member or authorized representative of a member
		- AN TIMEN
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE
TALL AHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2014

AVI S. TRYSON, ESQ. GOEDE, ADAMCZYK & DEBOEST, PLLC 8950 FONTANA DE SOL WAY, SUITE 100 NAPLES, FL 34109

SUBJECT: WYNWOOD HOME LLC

Ref. Number: L13000152462

We have received your document for WYNWOOD HOME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 514A00020832

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