L14000015011

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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APR 23 2015

T. BROWN

COVER LETTER

	ision of Corpo		'≯	
SUBJECT:	Winslow F	inancial Services, LLC	:	
SOBJECT.	<u> </u>	Name of Limit	ted Liability Company	
		mendment and fee(s) are subn		
ricase return	an correspond	ence concerning this matter is	o the following:	
		Jonathan Winslow		
			Name of Person	
		Winslow Financial Se	ervices, LLC	
			Firm/Company	
		104 Pine Tree Lane		
			Address	
		Altamonte Springs, F	L 32714	
		a albu win alaw@h atma	City/State and Zip Code	
		colby.winslow@hotma E-mail address: (10	be used for future annual report notif	ication)
For further in	formation con-	cerning this matter, please ca	11:	
Jonathan	Winslow		407 702-0107	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:	,	
\$25.00 F	iling 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 ARTICLES OF ORGANIZATION **OF**

a ARTICLES OF	AMENDMENT
T	0 5 M
ARTICLES OF O	
Winslow Financial Services, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000015011</u>	were filed on 01/29/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	104 Pine Tree Lane
(Principal office address MUST BE A STREET ADDRESS)	Altamonte Springs, FL 32714
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

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:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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effective date must be specific, cannot be prior to date this document is filed by the Florida Depart	date of receipt or filed date and cannot l	
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Filing Fee: \$25.00