

L14000 1160063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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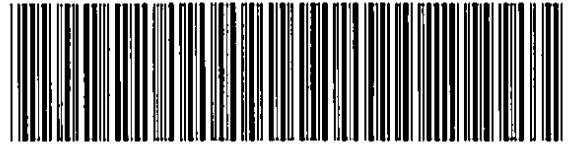
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Y SULKER

JAN 09 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Winn Group, 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:

J. Scott Winn  
Name of Person  
Winn Group, LLC  
Firm/Company  
15 Paradise Plaza #264  
Address  
Sarasota, FL 34239  
City/State and Zip Code  
Finance@mirusventures.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Scott Winn at (321) 436-1746  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

10  
**ARTICLES OF ORGANIZATION  
OF**

Winn Group, LLC *js*

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/23/14 and assigned  
Florida document number L14000116063

This amendment is submitted to amend the following:

**A. 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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

15 Paradise Plaza #264  
Sarasota, FL 34239

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

15 Paradise Plaza #264  
Sarasota, FL 34239

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

15 Paradise Plaza #264  
Enter Florida street address  
Sarasota, Florida 34239  
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.*

NA

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mGR</u>	<u>LISA B WINN</u>		<input type="checkbox"/> Add
	<u>jsm</u>	<u>1809 E. Broadway St. #323</u>	<input checked="" type="checkbox"/> Remove
		<u>Oviedo, FL 32765</u>	<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

FILED  
2013 DEC 26 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. **Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

12/18

2018

Signature of a member or authorized representative of a member

J. Scott Winn

Typed or printed name of signee