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TALL AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Minnie & Associates, 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:					
Dr. Sandra L. Minborne Name of Person					
Winnie of Associates, LLC. Firm/Company					
7578 Tippin Avenue					
Persacola, FL 33514 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Dr. Sandra L. Win borne at (850) 206-4814 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee					

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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)
The Articles of Organization for this Limited Liability Company were filed on \mathbb{Z} Florida document number 1140068970	29 Oct 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
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:	A
(Principal office address MUST BE A STREET ADDRESS)	ECRE ST.
	ASSEE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ORIDA ORIDA
	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	n our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	orida street address

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.

Ciry

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			
			Remove
			□ Add
		· · · · · · · · · · · · · · · · · · ·	SECRETARY OF STATE Remove Remove
			SSEE Change
			FLORED CO
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Winnie & Associates, LLC is an educational
consulting business capable to guide students,
military members, veterans, or anyone desir-
ing to meet their educational goals. Winnie
à Associates, LLC, is also an event plann-
ing business for weddings, anniversaries,
reunians, birthdays, showers, and parties
for any celebration.
ASS 7
STATI STATI
E. Effective date, if other than the date of filing:
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.
document a creenve date on the isopartition or state a 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 87 7 47 4 2019.
Signature of a member or authorized representative of a member
Sandrad Stinborne, PRI
Typed or printed name of signee

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Filing Fee: \$25.00