L15000058141

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
· (Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION

JUN 1 1 2015

S MASON

COVER LETTER

TO: Registration S Division of Co		•			
SUBJECT: W	MORROW, LLC				
SUBJECA.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Wanda Je	an Morrow Name of Person		-	
	WMORKO	N, LLC Firm/Company		-	
	69 Raintre	ee Circle Address		-	
	Palm Coast	City/State and Zip Code		-	
	Sensible C E-mail address: (to be used for future annual report notif) ication)		
For further information	concerning this matter, please ca				
Wanda Name	Jean Morrow of Person	at (<u>423</u>) 368 - L Area Code Daytime	1820 Telephone Number		
Enclosed is a check for	he following amount:				
□ \$25.00 Filing Fee	▲ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	ARY OF OF
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle	AM 4: 28 OF STATE E. FLORIDA	OF STATE DRPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- WINOKKOW, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>LI500005814</u>		14 102 / 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company her	:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
T		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addi		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	n , rt :	a street address
	Enter Floria	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	-4 55.00
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered agent of the proper and confidence in the registere described to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this ca omplete performance of n gent as provided for in Ch d office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or if this Pocument is confirm that the limited liabilities of CORPANY OF CORP
	If Changing Registered Age	at, Signature of New Rockstered Agen

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 **Type of Action Title Name Address** Wanda Jean Morrow 69 Raintree Circle MGR Palm Coast, FL 32164 □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add _**DE**Add ∺ ☐ Remove

☐ Change

			
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E. Effective	e date, if other than the date of filing: (option tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filed and the date in the date in the date of filing or more than 90 days after filed.	al) ing.) Pursuant	to 605.0207 (3)(b)
Note: II	the date inserted in this block does not meet the applicable statutory filing requirements, this dat's effective date on the Department of State's records.	ate will not b	pe listed as the
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.r	n on the	earlier of:
	Oth day after the record is filed.	iii oii ciic	comer or.
Dated _	· · · · · · · · · · · · · · · · · · ·		
	Wanda Glan MM M Signature of a member or authorized representative of a member	SEC.	SEC 01VISIO
	Wanda Jean Morrow Typed or printed name of signee	HETARY AHASSE	FILED
	Typed or printed name of signee	NAY OF STATE	FILEU RY OF STATE CORPORATIONS
	Page 3 of 3	HATE RIDA	TAIL RATIO
	Filing Fee: \$25.00		× ×