Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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115-187118



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To:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WYNWOOD LAB LLC

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N. CAUSSEAUX SEP - 7 2017

9/5/2017

Electronic Filing Menu

Corporate Filing Menu

Help

H170002392233

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	Wynwood Lab LLC	
(Name of the Lin	uited Linbility Company as it now appears on our records.) (A Florida Limited Liability Company)	
·	d Liability Company were filed on 11/4/2015	and assigned
Florida document number L15000187118		
This amendment is submitted to amend the	 following: 	
A. If amending name, enter the new name	e of the limited liability company bere:	
Wynwood Casa LLC		<u> </u>
The new name must be distinguishable and en "L.L.C."	with the words "Limited Liability Company," the designation "l	LLC" or the serving the
Enter new principal offices address, if ap	plicable:	SET
(Principal office address MUST BE A STR	EET ADDRESS)	1 27
		H Du
Enter new malling address, if applicable:		œ <u>~</u>
(Mailing address MAY BE A POST OFFIC	ΣΕ ΒΟΧ)	8: 30
B. If amending the registered agent a registered agent and/or the new registered	nd/or registered office address on our records, enter t i office address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, Florida	
	City	Zip Code
New Resistance Assent's Commence of change	Paristand Agents	

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

MGR = AMBR =	Manager Authorized Member			
<u>Title</u>	Name		Address	Type of Action
		<u> </u>		Add
				Remove
				Add
<u> </u>	· · · · · · · · · · · · · · · · · · ·			SECRETARY OF TORPORATIONS SECRETARY OF CORPORATIONS AND SECRETARY OF TORPORATIONS AND SECR
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D. If am	ending any other information	, enter change(s) here: (Attoch additional sheets, if necessary.)
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-		
_		<u> </u>
E. Effect (If an effe	tive date, if other than the date crive date is listed, the date mus 9/1/2017	e of filing:
Dated		1
	Does	Bigned by:
	Signature of a fileniber or authorized representative of a member	
	Boyd Tasker, Member	
		Typed or printed name of signee
		Page 3 of 3
		Filing Fee: \$25.00

SECRETARY OF STATION DIVISION OF CORPORATION

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