

L15000/190829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

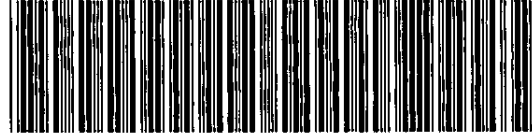
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 05 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WYN SUPPLY, 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:

AMY BUI

Name of Person

WYN SUPPLY, LLC.

Firm/Company

2020 NORTH BAYSHORE DRIVE, UNIT 2208

Address

MIAMI, FL. 33137

City/State and Zip Code

AMYB@WYNSUPPLY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY BUI

305

301-9830

at ()
Area Code

Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

WYN SUPPLY, LLC.

(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 11/10/2015 and assigned
Florida document number L15000190829.

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)

2020 NORTH BAYSHORE DRIVE UNIT 2208

MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1325 NW 98TH CT, UNIT 3

DORAL, FL. 33172

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:

AMY BUI

New Registered Office Address:

1325 NW 98TH CT, UNIT 3

Enter Florida street address

DORAL

City

Florida

Zip Code

33172

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JEAN-BAPTISTE GUILPAIN	2020 NORTH BAYSHORE DR.	<input type="checkbox"/> Add
		MIAMI, FL. 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMY BUI	1325 NW 98TH CT. UNIT 3	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33137 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE NOTE THAT THE FULL NAME OF THE INDIVIDUAL WE ARE REMOVING IS

JEAN-BAPTISTE SERGE HENRY GUILPAIN. THERE WAS NOT ENOUGH ROOM ON THE LINE TO

PUT HIS FULL NAME.

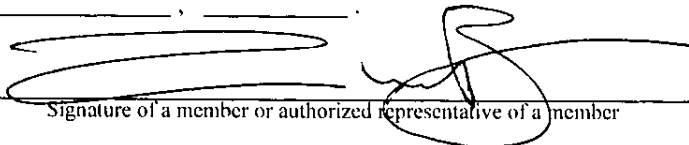
E. Effective date, if other than the date of filing: 02/05/2016 *(optional)*

(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 FEBRUARY 4, 2016


Signature of a member or authorized representative of a member

AMY BUI

Typed or printed name of signee

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RECEIVED
DEPARTMENT OF STATE
FEBRUARY 5 2016