

L15000203430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

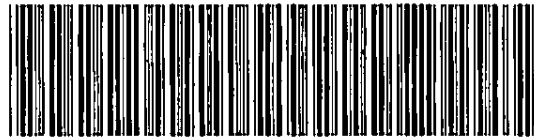
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1/12/21

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 295 Wynwood, 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:

Philip Solomon

Name of Person

Spa 295 Wynwood, LLC, Member of 295 Wynwood, LLC

Firm/Company

1040 N.W. 3rd Street, Suite 1040

Address

Hallandale Beach, FL 33009

City/State and Zip Code

philip@solomoncapitalmgt.com

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

For further information concerning this matter, please call:

Philip Solomon

Name of Person

at (305) 720-4311

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

295 Wynwood, 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 December 7, 2015 and assigned Florida document number L15000203430.

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)

Philip Solomon

1040 NW 3rd Street, Suite 1036

Hallandale Beach, FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Philip Solomon

1040 NW 3rd Street, Suite 1036

Hallandale Beach, FL 33009

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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:

Philip Solomon

New Registered Office Address:

1040 NW 3rd Street, Suite 1036

Enter Florida street address

Hallandale Beach

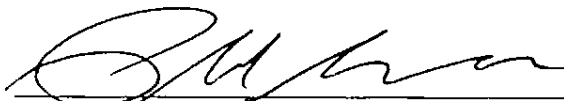
City

Florida 33009

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.



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	Philip Solomon	1040 NW 3 rd Street, Suite 1040	<input checked="" type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Martin Miculitzki	8 NE 27 ST	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 November 16 2020

Signature of a member or authorized representative of a member

Philip Solomon, Manager of Spa 295 Wynwood, LLC, Member of 295 Wynwood, LLC

Typed or printed name of signee

Filing Fee: \$25.00