

L16000007335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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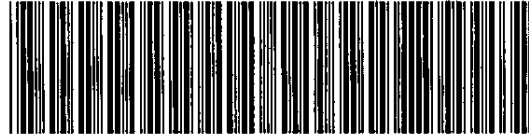
(Business Entity Name)

(Document Number)

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2016 FEB -5 PM 5:23
CLERK OF COURT
TALLAHASSEE FL 90000

K. SALY
EXAMINER
FEB -8

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WYN AUTOMOTIVE, 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 AUTOMOTIVE, LLC.
Firm/Company
2020 NORTH BAYSHORE DRIVE, UNIT 2208
Address
MIAMI, FL. 33137
City/State and Zip Code
AMYB@WYNAUTOMOTIVE.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
Name of Person at () Area Code Daytime Telephone Number

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

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

WYN AUTOMOTIVE, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/11/2016 and assigned
Florida document number L16000007335.

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)

1325 NW 98TH CT, UNIT 3

DORAL, FL. 33172

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 33172

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	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 type="checkbox"/> Add
		DORAL, FL. 33132 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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JANUARY 2016

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.

Dated FEBRUARY 4, 2016

_____, 2016

 Signature of a member or authorized representative of a member

Typed or printed name of signee