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## **COVER LETTER**

Div	ision of Corp	porations			
SUBJECT:	WINMARK TRADE LLC				
SUBJECT.		Name of Lim	ited Liability Company	<del> </del>	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		DIANA BAQUERO			
			Name of Person		
			Firm/Company		
		17180 ROYAL PALM BL	LVD SUITE 3		
		WESTON / FL 33326	Address		
		DIANA760@HOTMAIL.C	City/State and Zip Code OM		
		E-mail address: (	to be used for future annual report notifi	ication)	
For further in	nformation co	oncerning this matter, please co	all:		
DIANA BAC	QUERO		954 6558281 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
<b>■</b> \$25.00 F	iling 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:

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Registration Section

TO:

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

WINMARK TRADE LLC		
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)	<u></u> _
The Articles of Organization for this Limited Liability Company Florida document number L16000054665	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	17180 ROYAL PALM BLVD SUITE 3	<b>→</b> 9.
(Principal office address MUST BE A STREET ADDRESS)	WESTON/FL 33326	SECRUT HSION O
Enter new mailing address, if applicable:	17180 ROYAL PALM BLVD SUITE 3	F CCRPU
(Mailing address MAY BE A POST OFFICE BOX)	WESTON / FL 33326	0: 28 0: 28
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:		e name of the
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
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		AMIO: 28
E. Effective date, if other than the	date of filing:	(optional)
Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to date of filing or more lock does not meet the applicable statutory filing re epartment of State's records.	equirements, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the rec	d effective date, but not an effective timerord is filed.	ie, at 12:01 a.m. on the earlier of:
Dated	2018	
	Signature of a member or authorized representative of	a mumbur
DIANA Y BAQUERO	organisme of a member of authorized representative of	a memoer

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00