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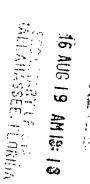
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AUG 2 3 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WON APR, 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:
Sherry Folda Name of Person
WON APR, LLC. Firm/Company
4001 Avalon Road Address
Winter Garden FL 34787 City/State and Zip Code
WONUT Serie S and Zip Code WONUT Serie S and I COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Only Folda at 407, 877 2930 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & 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

WON APPLI	10			
(<u>Name of the Lifni</u>	ted Liability Company (A Florida Limited Lia	y <mark>as it now appears o</mark> n bility Company)	on our records.)	
The Articles of Organization for this Limited L	iability Company w	vere filed on	3/8/2016	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ity company here	:	
The new name must be distinguishable and contain the v	vords "Limited Liability	y Company," the desi	gnation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:			ACC ATT	TE AUG
(Mailing address MAY BE A POST OFFICE	BOX)		(%) (%)	<u> </u>
			<u> </u>	.
B. If amending the registered agent and registered agent and/or the new registered or			our records, enter th	ie name of the no
Name of New Registered Agent:	_ N/A	·		
New Registered Office Address:		Enter Florida	a street address	
	<u> </u>		, Florida <u> </u>	<u>. , </u>
		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

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
MGR_	Steve Pickens	4001 Avalon Rd. Winter Gardan FL 34787	_ ⊠ Add
			□ Remove
			Change
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			Remove
			Change
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	922 -
Affective date, if other than the date of filing: Fan effective date is listed, the date must be specific and cannot be prior to date of	(optional) f filing or more than 90 days after filing.) Pursuant to 605,0207 (
Note: If the date inserted in this block does not meet the applicable stat locument's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as t
e record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of:
ne record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of:
Dated August 17, 2016.	ffective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00