116000183435

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(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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MAR 1 3 2020 I ALBRITTON

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Life After Name of Lim	Consulting LL	<u>C</u>
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Keia Land	
		WIN Consutin	<u>a</u>
	29	Firm/Company 1 Westyn Buy Address	Blud
	E-mail address:	Ocoee, FL 34 City/State and 2 ip Code W 44 (20 0). GW to be used for future annual report noti	1 <u> </u>
For further information	concerning this matter, please c	•	
Meia	Lane	at (407) 529-	6 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)
		0	

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

To whom it may concern:

March 6, 2020

I am writing this letter to express my desire to change the name of my two existing companies, After Life Consulting Inc. and Life After Consulting LLC. I would like to change the name of both companies to iWIN Consulting Inc and iWIN Consulting LLC. Thank you for your consideration.

Keia Howell Lane President/CEO



February 11, 2020

KEIA HOWELL LANE 291 WESTYN BAY BLVD OCOEE, FL 34761

SUBJECT: LIFE AFTER CONSULTING, LLC

Ref. Number: L16000183435

We have received your document for LIFE AFTER CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 020A00003116

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Life After Cons	ulting LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now hopears on of Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L16000183435</u>	y were filed on	03 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia i WIN Consulting, LLC The new name must be distinguishable and contain the words "Limited Liab		tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2020
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 HAR 12 AM 9: 32
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	is, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	veet address
	73.	, 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 amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>1 itte</u>	<u>Name</u>	Address	Type of Action
			LIRemove
			□Change
			UAdd
			□Remove
			⊔Change
			□Add
		LJRem	⊔Remove
			Change
			LJAdd
			□Remove
			⊔Change
			□Add
		 	LRemove
		-	□Change
			⊔Add
			□Remove
			⊔Change

amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u> </u>		
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in effective date is to ote: If the date in	other than the date of filing:	07 (3) as th
ecord 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	ie
ned March	la Co 2020 Lia Howell Lane	
	Signature of a member or authorized representative of a member	
	Keig Howell Lane	

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