# L1000037808

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FILED 17 JUN 19 AM II: 36 DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations

WYNNS ENTERPRISES LLC

SUBJECT:

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:

WYNN PHILLIPS

Name of Person

PALM TREE PROPERTIES

Firm/Company

340 TAMIAMI TRAIL N

Address

NAPLES, FLORIDA

City/State and Zip Code

NPLSBYVW@GMAIL.COM

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

For further information concerning this matter, please call:

WYNN PHILLIPS

Name of Person

239 649/8659 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

WYNN ENTERPRISES LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/16/2017	_ and assigned
Florida document number L17000037808	

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

WDWP ENTERPRISES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC,"

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	JUN
	951
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

New Registered Office Address:	Enter Floridu street address

## 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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

JUN Dated	E 15 2017
	LYM EAUNC
WY	Signature of a member or authorized representative of a member
	WYNN PHILLIPS
	Typed or printed name of signee

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Filing Fee: \$25.00