

L17000103961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

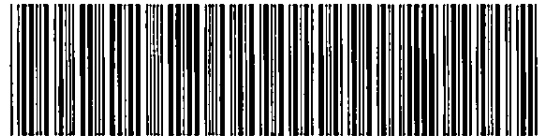
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900303299589

09/05/17--01036--016 **25.00

FILED

17 SEP -5 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 07 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Donald E. Winkler, 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:

Donald E. Winkler	_____ Name of Person
Donald E. Winkler, LLC	_____ Firm/Company
773 18th Avenue S.	_____ Address
Naples, FL 34102	_____ City/State and Zip Code
dwinkler@johnrwood.com	_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer M Reedy	239	571-7057
_____ Name of Person	at (_____) Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Donald E. Winkler, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/10/17 and assigned
Florida document number L17000103961.

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:

773 18th Avenue S.

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

773 18th Avenue S.

Naples, FL 34102

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:

New Registered Office Address:

773 18th Avenue S.

Enter Florida street address

Naples

City

Florida 34102

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

FILED
SEP - 5 2017
STATE OF FLORIDA
CLERK OF THE COURT

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 17 SEP -5 PM 1:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

September 13, 2017

(optional)

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.

(b) The 90th day after the record is filed.

Dated August 29 2017

Donald E Winkler

Signature of a member or authorized representative of a member

Donald E. Winkler

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
17 SEP -5 PM 1:26
SECOND JAIL OFF STATE
TALLAHASSEE, FLORIDA