## L1700010396/

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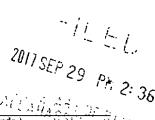
TO:	Registration Se Division of Cor			
erim i		E. Winkler, LLC		
SORI	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		1	Donald E. Winkler	
			Name of Person	<del></del>
		Π	Donald E. Winkler, LLC	
Firm/Company				
787 5th Avenue South				
			Address	<u> </u>
		1	Naples, FL 34102	
		-	City/State and Zip Code	<del></del>
			inkler@johnrwood.com	
For fi	urther information c	oncerning this matter, please ca	to be used for future annual report no all:	uncanon)
Jenni	ifer Reedy		239 571-7057	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclo	osed is a check for the	he following amount:		
<b>■</b> \$	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



		Mir. 4.22 Pt. 2:36
Donald E. Wink	ler, LLC	Milay Strain
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability Company Florida document numberL17000103961	SHOUT	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 Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	787 5th Avenue South	
(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)	787 5th Avenue South Naples, FL 34102	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	fice address on our reco	
		Florida
<del></del>	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 = M $AMBR = A$	lanager Authorized Member	2017 SEP 29 PM 2: 36		
<u>Title</u>	<u>Name</u>	Address  All Address All Address All Address All Address All Address All Address All Address Address Address All Address Addre	Type of Action	
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De	date of filing:  October 1, 2017  (optional)  be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 ck does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.	5.0207 (3)(t ed as the
f the record specifies a delayed b) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlied or dis filed.	er of:
Dated September 26	2017	
<del>-</del> · ·	Donald Winkler	
<del></del>	Signature of a member or authorized representative of a member	
	Donald E. Winkler	

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Typed or printed name of signee

Filing Fee: \$25.00