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COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	Wynn Develo	opment LLC			
56131.61.		Name of Limi	ted Liability Company		
The enclosed	I Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return	all correspond	dence concerning this matter t	to the following:		
		David Wynn			
			Name of Person		
		Wynn Development LLC			
			Firm/Company		-
		Corporate Place 1200 N Fe	deral Hwy. 2nd FL		
			Address		-
		Boca Raton, FL 33432			
		·	City/State and Zip Code	• • • • •	
		info@wynndev.com			
		E-mail address: (6	o be used for future annual repo	ort notification)	
For further in	nformation con	ncerning this matter, please ca	Н:		
David Wynn	1		954 465-11 at ()	786	
	Name of f	Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	d) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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 Development LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com	pany were filed on 6-17-2017	and assigned
Florida document number L17000132714		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	8 //SEC
		2 20
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		9
		90 0X
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
		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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP Archi	Ronald Rickert II	1200 N Federal Hwy, 2nd FL Boca	= Add
			□ Remove
			□ Change
VP Const	Peter Giaquinto Jr	1200 N Federal Hwy, 2nd FL Boca	■ Add
			□ Remove
			Change
VP Opera	Stacey Roy	1200 N Federal Hwy, 2nd FL, Bocc	
			Remove
			☐ Change
			
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			Change

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ective date, if other than the effective date is listed, the date me: If the date inserted in this turnent's effective date on the	ast be specific and ca block does not mee	unnot be prior to da et the applicable	ate of filing or more statutory filing r	(option than 90 days after fi equirements, this c	ling.) Pursuant to 60
record specifies a delaye he 90th day after the re	d effective dat cord is filed.	te, but not ar	n effective tim	e, at 12:01 a.i	m. on the earli
ed <u>May 29</u>		2018	0//		

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Filing Fee: \$25.00