L17000132714

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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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Office Use Only



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COVER LETTER

COLUMN TO COLUMN	elopment LLC				
SOBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	David Wynn				
	 	Name of Person			
	Wynn Development LLC				
		Firm/Company			
	1200 N Federal Hwy, 2nd	FL		. 7	•
	 	Address		;	11:
	Boca Raton, FL 33432			·)	·
	info@wynndev.com	City/State and Zip Code		<i>,</i>	バ、フ
	E-mail address: (to be used for future annual report notifi	cation)	الم.	
For further information	concerning this matter, please ca	all:		. 2	
David Wynn		954 465-1786 at ()			
Name	of Person		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 F Certificate of S Certified Copy (additional copy is	Status &	

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

New Registered Office Address:	. Enter F West Palm Beach	Florida street address , Florida 33401 Zip Code
New Registered Office Address:	. Enter F	Florida street address
New Registered Office Address:		
	515 N Flagler Drive, Suite P-30	00
Name of New Registered Agent:	 	
	.	
. If amending the registered agent and egistered agent and/or the new registered		on our records, enter the name of the ne
	 	المريد
Mailing address MAY BE A POST OFFICE	(BOX)) ; .
nter new mailing address, if applicable:		3 1
		,
Principal office address MUST BE A STRE	ET ADDRESS)	~ 7
nter new principal offices address, if appli	cable:	
e new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
. If amending name, enter the new name	of the limited liability company	here:
his amendment is submitted to amend the fol	lowing:	
orida document number L17000132714	·	
ne Articles of Organization for this Limited	Liability Company were filed on	6-19-2017 and assigned
	ited Liability Company as it now app (A Florida Limited Liability Compan)	y)
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

Title MGR	<u>Name</u> Wynn, David E	Address Corporate Place 1200 N Federal	Type of Action
	·	Hwy, 2nd FL, Boca Raton, FL	
•			Remove
			Change
AMBR	The David E Wynn Revocable Living Trust		Add
			Remove
			🗀 Change
			
			Remove
			Change
			Add - Remove
			Change
			
			□ Remove
			☐ Change
			Add
			Remove
			Change

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		Signature (of a member of	ar authorizati		member		_
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Page 3 of 3

Filing Fee: \$25.00