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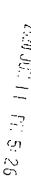
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Office Use Only



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OFTHOMS

JUN 25 2020

COVER LETTER

		ation Sect 1 of Corp		·				
cith irz			opment LLC		·			
SUBJEC	.1;	•	Name of Lim	ited Liabili	ty Company	y .		
The encl	osed Ari	icles of A	mendment and fee(s) are sub	mitted for	filing.			
Please re	eturn all	correspon	dence concerning this matter	to the foll	owing:			
			Stacey Roy					
Name of Person								
			Wynn Development LLC					
				Firr	n/Company	,	,	
			1200 N Federal Hwy, 2nd	FL				
					Address			
			Boca Raton, FL 33432					
				City/Star	te and Zip (lode		
			dave@wynndev.com					
			E-mail address: (to be used f	or future an	inual report noti	fication)	
For furth	er infori	nation cor	cerning this matter, please ca	all:				
Stacey R	oy			te:	203	676-0178		
		Name of I	Person		(Area Code	Daytim	e Telepho	ine Number
Enclosed	lis a che	ck for the	following amount:					
■ \$25.0	00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cer	.00 Filing rtified Cop littonal copy	у	⊏	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

7979 JUNI 1 P. 5: 26

Wynn Development LLC

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

pany were filed on 6-17-2017	and accianad
	and assigned
liability company here:	
Liability Company," the designation	on "LLC" or the abbreviation "L.L.C"
n/a	
n/a	
	
fice address on our records,	enter the name of the new register
Enter Florida street	address
	Florida
	4 = 17/= 12/44
	n/a n/a fice address on our records, Enter Florida street

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

2020 JUNE PH 5: 26

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Wynn	3535 S Federal Hwy, Apt F, Boynton Beach, FL 3341	
			Remove
			_ □Change
			□Add
			□Remove
		□Change	
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	Dated	<i>H-1</i>	$-(\ / \)$)					
	Dated	Slan	ignature of a memi	by or authorize	ed representativ	e of a men	ber		-

Filing Fee: \$25.00