L17000132714

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COVER LETTER

	gistration Se vision of Cor		e			
eun irzw.		onn Development LLC				
SUBJECT:	Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.			
		ondence concerning this matter	_			
		Stacey Roy				
		·	Name of Person			
Wynn Development LLC						
			Firm/Company			
	1200 N Federal Hwy. 2nd FL					
			Address			
		Boca Raton, FL 33432				
			City/State and Zip Code			
		info@wynndev.com				
For further i	nformation c	e-man address: (to be used for future annual report all:	notification)		
Stacey Roy			800 561-460- at ()	2777		
-	Name o	f Person		time Telephone Number		
Enclosed is	a check for th	ne 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Pagistration Section			Street Address Registration	=		
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.0	D. Box 632	7	The Centre o	f Tallahassee		
Ta	Hahassee, I	L 32314	2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wynn Development LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our record Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L17000132714</u>	ompany were filed on 6-17-2017	and assigned .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	Y1
	FI	orida 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>	Name	Address	Type of Action
VP Archi	Ronald Rickert	1200 N Federal Hwy, 2nd FL, Boca Raton, FL 33432	! □ Add
			= Remove
			□Change
VP Const	Peter Giaquinto Jr	1200 N Federal Hwy, 2nd FL, Boca Raton, FL 33432	! □Add
			=Remove
			□Change
AMBR	David Wynn	1200 N Federal Hwy, 2nd FL, Boca Raton, FL 33432	: ≣ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

(If an et	tive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
f the reco ecord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	July 12 2029
	San Jan

Typed or printed name of signee