<u>L17000184930</u>

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S. WARREN SEP 1 9 2017 Hazel Boone

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p.1

•	ì	COVER LETTER	
TO: Registration & Division of Con	ection rporations		٠ ,
MREC, LL			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	MIKE REITZ		
		Name of Person	
	MREC, LLC		
		Firm/Company	
	1625 BULEVAR MAYO	₹ N-6	
		Address	
	PENSACOLA BEACH, F	L 32561	
		City/State and Zip Code	
	mike,reitz61@gmail.com		
	E-mail address:	to be used for future annual report noti	fication)
For further information of	concerning this matter, please of	all:	
MIKE REITZ		405 414-4022 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fce	□ \$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

Hazel Boone

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINEC, LLC	
(Name of the Limited Liability (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L17000184930	Company were filed on AUGUST 30, 2017 and assigned
	 ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD.	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	lress here:
Name of New Positation A. Cont.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Einer i Toriau Su eet auuress
	, Florida
New Registered Agent's Signature, if changing Registere	·
I hereby accept the appointment as registered agent	and agree to act in this capacity. I further agree to comply with the
accept the obligations of my position as registered a	complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability
company has been notified in writing of this change.	ASS 7
	<u> </u>
	A T
	If Changing Registered Agent, Signature of New Registeres Agent

Page 1 of 3

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Received by:Reitz / Cole

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Hazel Boone

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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
MGR	MIKE REITZ	1625 BULEVAR MAYOR, N-6	B Add
		PENSACOLA BEACH, FL 32561	□ Remove
			Change
AR	KAREN COLE-REITZ	1625 BULEVAR MAYOR, N-6	□ Add
		PENSACOLA BEACH, FL 32561	■ Remove
			Change
,			A dd
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	07 17 04:19p Hazel Boor		/ed by:Reitz / C		14345811110	p.4
If amending	any other infor	mation, enter c	hange(s) her e:	(Attach additions	al sheets, if necessary.)	
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Effective date	e, if other than (the date of filin	g:		(optional)	
Note: If the d	ate is listed, the date ate inscrited in this fective date on the	s block does not r	nect the applicab	date of filing or more le statutory filing re	than 90 days after filing.) Pur equirements, this date will	suant to 605,020 not be listed as
the record sp	pecifies a delay day after the r	yed effective of record is filed.	late, but not	an effective tim	e, at 12:01 a.m. on t	he earlier o
SEPTE	MBER 7TH		2017			
Dated		———	3 -/- -	, •		

KAREN COLE-REITZ

Typed or printed name of signee

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Filing Fee: \$25.00