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COVER LETTER

Registration Section

Division of Corporations

TO:

Lets Win L	LC			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Andres Benzaquen			
		Name of Person		
	Lets Win LLC			
		Firm/Company		
	10521 SW 50th Street Mia	mi		
		Address		
	Florida 33165			
		City/State and Zip Code		
	abenzaquen@doctordirected	d.com		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Andres Benzaquen		561 674 - 4523 at ()		
Name of Person		Area Code Daytim	e 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of T		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Lets Win LLC

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

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000216353	were filed on 10/18 2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2263 NW Boca Raton Blvd . Suite 108	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton Florida 33431	
Maning dadress MAT DE AT OUT OF THEE DOWN	-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if i	uiliar with and this document is

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>	Address	Type of Action
MGR	Salomon Truzman	10251 SW 50th Street Miami Florida 33165	□Add
			■Remove
			🗆 Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
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<u>Note:</u> i	re date, if other than ctive date is listed, the date if the date inserted in the nt's effective date on the	is block does no	t meet the applica	able statutory filing	(o) ore than 90 days a requirements.	otional) der filing.) Pursuant this date will not b	to 605,0207 be listed as
If the record record is file	specifies a delayed effo d.	ective date, but n	ot an effective ti	me, at 12:01 a.m. o	n the earlier of:	(b) The 90th da	y after the
E	December 10		2019				
Dated _				_ ·			
			/	•			
		Signature of	a member or autho	rized representative	of a member		
	4			ed name of signee			

E::: E: 025.00