(Kequ	estor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

SUBJECT	:	Name of Limi	ted Liability Company	
ricase retu	m an correspon	Lance Burstyn	w we who mg.	
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: Lance Burstyn Name of Person 29 NW 28 STREET, LL.C Firm/Company 40 NW 29 street Address Miami, FL 33137 City/State and Zip Code wyninvestmentgroup@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call:			
		40 NW 29 street	Firm/Company	<u> </u>
		Miami, FL 33137	Address	
			il.com	
For further	information c			cation)
Lance Bur	styn			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy

TO:

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

29 NW 28 STREET, LLC		<i>c</i> . 8		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our rec imited Liability Company)	ords.) P. O. T		
The Articles of Organization for this Limited Liability Cor Florida document number L17000229279	mpany were filed on $\frac{11/06/2017}{}$.	and assigned		
This amendment is submitted to amend the following:		PH 6: 14 SSEE, FL		
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe		ords, enter the name of the ne		
registered agent and/or the new registered office addre	ess he <u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ac	ddress		
		. Florida		
	City	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lance Burstyn	29 NW 28 STREET MIAMI, FL 33127	B Add
			Remove
			Change
AR	WYN INVESTMENT GROUP LLC	29 NW 28 STREET MIAMI, FL 33127	
			■ Remove
			Change
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			Remove
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an effecti	date, if other than the date we date is listed, the date must be sp	pecific and cannot be pri	or to date of filing or	more than 90 days afte	ional) er filing.) Pursuant to	605.0207
	the date inserted in this block d is effective date on the Departi			ng requirements, th	is date will not be l	listed as
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ated	Sign	ature of a member or au	thorized representativ	re of a member	725	
Pated	Sign: Lance Bursty		thorized representative	ve of a member	2018 OCT 25 PM SECRL ANT OF	

Page 3 of 3

Filing Fee: \$25.00