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COVER LETTER

Division of Cor			
SUBJECT: Wins	Some Integri	Ated Network.	<u>. </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John	Eccleston Name of Parson	
		Name of Person	
		Firm/Company	
	4604		
	- 1929 NW	10th Court	
		City/State and Zip Code	
	John Ecclesto E-mail address: ()	City/State and Zip Code On 20 (20) Yahoo. Com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
John	Ficleston	21 954 × 993-0	559
Name o	f Person	at (<u>954</u>) <u>993 - 0 -</u> Area Code Daytime	: Telephone Number
Frankright is a shoot for the	f. D		
Enclosed is a check for the	-		-
\$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:

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 ARTICLES OF ORGANIZATION

Winsome Inf	egrated	Network A	ur records.)		
The Articles of Organization for this Limited Lial Florida document number <u>L 18000064</u>	bility Company we	_		Y and assig	ned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabilit	y company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability)	Company," the designa	tion "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applical		· 	 		AS
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			<u>æ</u>	LEGRI
	-			AR 29	FILE HASSEI
Enter new mailing address, if applicable:	-			_	
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>			36	ORIDA ORIDA
B. If amending the registered agent and/or registered agent and/or the new registered offi		e address on our	records, <u>ente</u>	r the name oi	î tîne nev
Name of New Registered Agent:	Muzet	te Henria	uez		
New Registered Office Address:	1929 N	W 10 th Con Enter Florida su	eet address	· · · · · · · · · · · · · · · · · · ·	
	Plantatio	Enter Florida sti (1) City	Florida	3332 Z	
		City	, 1101100	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 rémoved from our records:

MGK =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John Eccleston	1929 NW 10th Court	🗅 Add
		Plantation, IL, 33322	Remove
			Change
			□ Remove
			Change
			🗆 Add
			Remove
			D Change
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Tective date, if	Other than the d	ate of filing	: <u>3-6</u>	7-18		(option	ai)	co e 030
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ocument's effect	ive date on the Dep	artment of Si	tate's record	S.				
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	after the recor		ate, but n	or an enec	cive cirrie,	dt 12.01 d.i	m. on the ca	
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