## 4188000081

Office Use Only



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## COVER LETTER.

	egistration Section vision of Corporations	
	Wynds Enterprises	
SUBJECT:	: Name of Limited Lia	bility Company
The enclosed	ed Articles of Amendment and fee(s) are submitted	for filing.
Please return	m all correspondence concerning this matter to the i	following:
	Rodney Wynds	
		Name of Person
		Firm/Company
		Address
	1121 West ? Riviera Be	each FL 33404
	City/	State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For further in	information concerning this matter, please call:	
		at (
	Name of Person	at (
Enclosed is a	a check for the following amount:	
□ \$25.00 F	Certificate of Status	555.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wynds Enterprises		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our recit Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 5/9/2018	and assigned
Florida document number L18000088916		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Wynds Enterprises LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		288 588 588
Enter new mailing address, if applicable:	****	A N F
(Mailing address MAY BE A POST OFFICE BOX)		3 [7]
		Fig. 5 U
		स्त्रिक व्य
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	_	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

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
			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			☐Change
			□Add
		<del></del>	□Remove
<del></del>			
			□Remove
		<del></del>	Change
	<del></del>		
			□ Remove
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del>-</del>	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3)( as the
f the record 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	hc
Dated Wine 2, 2020.	
actari	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Filing Fee: \$25.00