L18000117887

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SECRETARY OF STATE
TALLAMASSES TATE



COVER LETTER

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TO:		Re

Registration Section Division of Corporations

	truction, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Linn Frank		
		Name of Person	- 3
	Winn Construction, LLC		2020 AUG -5 SECRETARY
		Firm/Company	EN PS
	5400 Hawthorn Woods W	ay	RY C
		Address	my vo
	Naples, FL 34116		AH 9: 24 OF STATE SSEE, FIL
		City/State and Zip Code	
	L777Franke@gmail.com		
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
Linn Frank		239 747-4529 at ()	
Name c	of Person	Area Code Daytime Telephone Number	-
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	-

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Winn Construction, LLC			
(<u>Name of the Limited Lia</u> (A Flo	bility Compa rida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability	y Company	were filed on May 10, 2018	and assigned
Florida document number L18000117887	<u> </u>		
his amendment is submitted to amend the following	. .		
a. If amending name, enter the new name of the li	imited liab	ility company here:	
he new name must be distinguishable and contain the words "I	imited Liabil		or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		5400 Hawthorn Woods Way	
Principal <u>office address MUST BE A STREET AD</u>	DRESS)	Naples, FL 34116	020 / SEC
			FA A
			A 25 -5 TT
inter new mailing address, if applicable:		5400 Hawthorn Woods Way	A A
Mailing address MAY BE A POST OFFICE BOX)		Naples, FL 34116	S. G.
			24 FL
3. If amending the registered agent and/or register gent and/or the new registered office address here		address on our records, <u>enter th</u>	
Name of New Registered Agent:	II FT dilk		
New Registered Office Address: 540	0 Hawthorn	Woods Way	
		Enter Florida street address	
Nap	oles	, Flori	* * * * * * * * * * * * * * * * * * * *
		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.

ALChanging 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/AN	Linn Frank	5400 Hawthorn Woods Way	
		Naples, FL 34116	□Remove
			Change
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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Signature of a member or authorized representative of a member			
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Filing Fee: \$25.00