# 1/8000234617

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Winwood Air Conditioning LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
MANUEL GARCIA Name of Person
Winwood Air Conditioning LLC Firm/Company
15476 NW77 CT: UNITELY
Miami, FL. 33016  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MANUEL GARCIA at (786) 303-3739  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 10/c Florida document number 1800234617  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  WYN Wood Aid Condition in the words "Limited Liability Company." the designation in the words "Limited Liability Company." the designation in the words "Limited Liability Company." The new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	al 10		J
A. If amending name, enter the new name of the limited liability company here:  WYN WOOD A'A CONDITIONIN  The new name must be distinguishable and contain the words "Limited Liability Company," the designation  Enter new principal offices address, if applicable:	on LLC" or the a	abbreviation "	L.L.C.``
The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the new principal offices address, if applicable:	on LLC" or the a	abbreviation "	L.L.C.``
THE PART OFFICE HEAVEST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<del>.</del>	ria.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
	i	_ <del>_</del>	1
B. If amending the registered agent and/or registered office address on our r			<u> </u>

### New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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# or removed from our records:

MGR = Manager

•	C)	
<b>AMBR</b>	<ul> <li>Authorized Member</li> </ul>	r

<u>Title</u>	<u>Name</u>	Address	Type of Action
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lfan effec <u>Note:</u> If	ctive date, if other than the date of filing:  (optional ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date int's effective date on the Department of State's records.	. \ D	suant to 60 not be lis	05.02 <b>07</b> ( sted as t
ie reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	. o <b>n</b> t	he earl	ier of:
Dated	Oct. 11, 2018			
	Signature of a member or authorized representative of a member	<del></del> -		
	MANUEL GARCIA Typed or printed name of signee			

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Filing Fee: \$25.00