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(R	'equestor's Name)	
(А	ddress)	
	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	Ocument Number)	
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C. GOLDEN FEB 1 6 2019

## **COVER LETTER**

Division of Co			
THE UNW			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JESUS CASARES		
		Name of Person	
	·	Firm/Company	
	183 W 39TH PL		
	-	Address	
	HIALEAH FL 33012		
	<del></del>	City/State and Zip Code	
	THEUNWINDLLC@GMA		
	E-mail address: (	to be used for future annual report notif	Teation)
or further information of	oncerning this matter, please c	all:	
Jesus Casares		786 3125988	
Name o	f Person	at ()	: Telephone Number
Enclosed is a check for the	he following amount:		
\$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 TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB 11 PM 2: 05

The Unwind LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/29/2018 and assigned Florida document number L18000253641 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UNWIND CLUB LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

Leamending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
$\mathbf{AMBR} =$	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
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	ist be specific and cannot be prior to date of filing o clock does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605.0207 ( ling requirements, this date will not be listed as t
he record specifies a delay The 90th day after the re		e time, at 12:01 a.m. on the earlier of:
Dated	2019	
izated	•	
	3	
<b>*</b>	Signature of a member or authorized representat	ive of a member
JESUS CASARES		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00