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COVER LETTER

TO: Registration Section Division of Corporations

WINHOSS, LLC SUBJECT:

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:

MAITE C. MARTINEZ NORIEGA

Name of Person

WINHOSS, LLC

Firm/Company

3530 W 96 PLACE

Address

HIALEAH, FL 33018

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🛢 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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

W	INI	IOSS.	LLC
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(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 w Florida document number $\frac{19000005194}{2}$.	rere filed on JAN 03,2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	reviation "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)		2019 SEP 16
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		he names of the new
Name of New Registered Agent:		
New Registered Office Address:	Emor Florida street address	
	, Florida	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u> LUIS A. ESCALONA YBARRA	<u>Address</u> 3530 WEST 96 PLACE	Type of Action
MGR		HIALEAH, FL 33018	🗆 Add
			Remove
			Change
MGR	MAITE C. MARTINEZ NORIEGA	3530 WEST 96 PLACE HIALEAH, FL 33018	🖬 Add
			Change
			🖸 Add
			🗆 Remove
			Change
			🖸 Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			Add
			🗌 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If 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 record is filed.

MIAMI SEPTEMBER, 12 ated	2019
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mai	te transmit
Signature	of a member or authorized representative of a member
MAITE C. MARTINEZ NORIE	GA
	There is a state in the second state in the second state is a state of the second state is a state of the second state of the
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00