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COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT:	WINTER OAK COMPA	NY, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOSE	R. ZEBADUA GONZALEZ	
		Name of Person	
	WINT	ER OAK COMPANY, LLC	
		Firm Company	
	116	7 DEER LAKE CIRCLE	
		Address	
		APOPKA, FL 32712	
		City State and Zip Code	
		RZEBADUA@GMAIL.COM	
	E-mail address: (to be used for future annual report not	(fication)
For further information	concerning this matter, please c	all:	
JOSE R. ZEBADUA G	ONZALEZ	321 505-7	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Inclosed is a check for	the following amount:		
≅ \$25,00 Filling Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STRFFT/COUR	IFR ADDRESS:

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

WINTER OAK COMPANY, LLC

2019 Mills 8 PM 6:27 (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 $\frac{01/23i2019}{2}$ and assigned Florida document number _ 1.19000024699 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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

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
AP	CECILIA MARTINEZ HERREJON	1167 DEER LAKE CIRCLE APOPKA, FL 32712	Add
		■ Remove	
			€ Change
MGR	CECILIA MARTINEZ HERREJON		
			□ Remove
			☐ Change
AP	AP SERGIO S URBINA STAMBERT	918 OAKPOINT CIR APOPKA, FL 32712	
			■ Remove
			☐ Change
MGR	SERGIO S URBINA STAMBERT	918 OAKPOINT CIR APOPKA, FL 32712	Add
		□ Remove	
			Change
	_		
		□ Remove	
		Change	
		Add	
		☐ Remove	
		☐ Change	

(H'an e Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	2-28-2019
	Signature of a member or authorized representative of a member
	LOSE RAWON ZEJAJUA (LONZALEZ

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Filing Fee: \$25.00