119000222474

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COVER LETTER

Wyndole L UBJECT:	LC			
he enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter			
	George Sullivan			
		Name of Person		
	Wyndole LLC			
		Firm/Company		
	505 Oak Terrace			
		Address	,	
	Jupiter/FL 33458			
	george@wyndole.com	City/State and Zip Code		
		to be used for future annual report noti	fication)	
or further information o	concerning this matter, please ca	all:		
George Sullivan		561 252-9583		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for t	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 enclose	 ري

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wyndole LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	ompany were filed on September	3, 2019 and assigned
Florida document number L19000222474	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	, , , , , , , , , , , , , , , , , , ,
		(a)
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		्
		3 -
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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.

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>	Name	<u>Address</u>	Type of Action
CEO	George Sullivan	505 Oak Terrace	
		Jupiter, FL 33458	□Remove
			□Change
			□Remove
			□ Change
			\ \ \ \ Add
			□Remove
			□ Change
			□Remove
			Change
		.	□Remove
			□ Change
			□Add
		t	□Remove
			□Change

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). It amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective date Note: If the date	, if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ay after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Geo	rge W Sullivan
	Typed or printed name of signee

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