L19000 239 638

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)	
Certified Copies Certificate:	s of Status
Special Instructions to Filing Officer:	





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Division o	f Corporations		
WINN	NBEA PROMOTION, LLC		
	Name of Lir	nited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all cor	respondence concerning this matter	r to the following:	
	WINSTON EDWARDS		
		Name of Person	-
	4716 DREXEL AVE	Firm/Company	
		Address	
	ORLANDO, FL 32808	City/State and 7:- Code	*
	WINNBEA@AOL.COM	City/State and Zip Code	
		to be used for future annual report noti	fication)
or further informat	ion concerning this matter, please c	all:	
WINSTON EDWA	RDS	407 802-4702 at ()	
Na	ame of Person	······································	e Telephone Number
inclosed is a check	for the following amount:		
\$25.00 Filing Fe	ee \$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:

TO:

Registration Section

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

WINNBEA PROMOTIONS,LLC	
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on 09/23/19	and assigned
Florida document number L19000239638	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
	· · ·
. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the
	-
Name of New Registered Agent:	=
New Registered Office Address:	. . c
Enter Florida stree	et address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	JAMES, BEATRICE	4716 DREXEL AVE, ORLANDO, FL 32808	
			Remove
MGR EDWARDS, WINSTON	EDWARDS, WINSTON	4716 DREXEL AVE, ORLANDO, FL 32808	Add
			☐ Remove
		Change	
		□ Add	
		□ Remove	
		☐ Change	
		□ Add	
		□ Remove	
		Change	
		Add	
			□ Remove
			☐ Change
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
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.
Dated 10/23, 2019. Ministro Calabases Signature of a member or authorized representative of a member
WINSTON EDWARDS

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Typed or printed name of signee

Filing Fee: \$25.00