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COVER LETTER

Tallahassee, FL 32314

	gistration Section rision of Corporations	
	Offerlane Management LLC	
SUBJECT	Name of L	mited Liability Company
The enclos	d Articles of Amendment and fee(s) are so	inited Liability Company abmitted for filing. er to the following:
Please retu	all correspondence concerning this matter	er to the following:
	Daniel Gitlin	
		Name of Person
	Offerlane	
	 	Firm/Company
	1212 E broward blvd #20)4
		Address
	fort lauderdale, FL 3330	
		City/State and Zip Code
	daniel@offerlane.com	(to be used for future annual report notification)
Con Contra		
	nformation concerning this matter, please	
Daniel Git	<u> </u>	954 739-4444 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
<u> </u>	Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R	iling Address: gistration Section vision of Corporations	Street Address: Registration Section Division of Corporations
	D. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Т	0	,
ARTICLES OF O	ORGANIZATION	
)F	6 G
		C STATE
Offerlane Manag	ement LLC.	٠ - ١ - ١ - ١ - ١ - ١ - ١ - ١ - ١ - ١ -
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco	ords.)
(71 milda Similea	1 .	
The Articles of Organization for this Limited Liability Company	were filed on 11 7 19	and assigned
Florida document number <u>L19000 知り知り</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
	<u></u>	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" 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)	<u> </u>	
B. If amending the registered agent and/or registered office	address on our records, ente	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
N . D . 'n . 1067 A 11		
New Registered Office Address:	Enter Florida street addi	ress
	, 1 , 2	F lorida Zip Code
	•	= 1

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>	Address	Type of Action
MGR	Winn Management LLC	1212 E broward Blvd #204	■Add
		Fort Lauderdale, FL 33301	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<u> – – – –</u>	□Remove
			□Change
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Note: If the date inser	er than the date of f I, the date must be specifi ted in this block does i late on the Department	not meet the applic	able statutory filin	(opti ore than 90 days afte g requirements, th	onal) r filing.) Pursuant to 60 s date will not be lis)5.0207 (sted as t
	a delayed effectiver the record is file		ot an effective t	ime, at 12:01	a.m. on the earl	ier of:
December 2		2019				
Dated	(ن	H	_			
	Signature	of a member of auth	orized representative	of a member		

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