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Division of Corporations Wynwood Social Club LLC DBA Sell Your Gadgets Naples 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: Alex Cruz Name of Person Wynwood Social Club LLC Firm/Company 12980 Tamiami Trail N STE 2a Address Naples Florida ,34110 City/State and Zip Code alex@sellyourgadgets.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alex Cruz 5587644 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fcc, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION OF

Wynwood Social Club LL.C						
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{03/1}{}$	3/2020		_ and as	ssigned
This amendment is submitted to amend the foll	lowing:					
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>ē</u> :			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	ignation "LLC"	or the abbre	≀iation "I	IC.**
Enter new principal offices address, if appli	cable:					
Principal office address MUST BE A STREE	ET ADDRESS)					
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				£.	ر الج	بمعديس
Enter new mailing address, if applicable:				<u> </u>	- (2	alesson.
(Mailing address MAY BE A POST OFFICE BOX)				်	9	,
				in,	AH	
				产品	0:	Carlot Carlot
3. If amending the registered agent and/or ingent and/or the new registered office address.		iddress on our rec	ords, <u>enter tl</u>	he name o	f (hè ne	w registe
Name of New Registered Agent:	DANIELE SA	NTIAGO				
New Registered Office Address:	12980 Tamiam:	i Trail N STE 2a				
New Negistered Office Addiess.	· · · · · · · · · · · · · · · · · · ·	Enter Florid	a street address			
	Naples		Floi	rida ³⁴¹¹⁰)	
	City			Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:					
Thereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of n provided for in Ch	ny duties, and apter 605, F	H am fam S. Or, if t	iliar w his doc	ith and rument is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Daniel E Santiago	12980 Tamiai Trail N Ste 2a	≣ Add
		Naples Fl 34110	Петюve
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this locument's effective date on the record specifies a delayed effect is filed.	olock does not me Department of Sta	et the applicate ite's records.	able statulory	Liling requires	ments, this d	ate will n	ot be lis	ted a
May 5th		2025						
ated		2025	<u> </u>					
ated May 5th	Signature of a me	Ц	_ lex (ou	5				

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