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PICK-UP WAIT MAIL
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2022 JAN 21 PH 2: 06 SECRETARY OF STAT

Y. SCOTT FEB - 5 2022 PLEVISE PLOCESS A NAME CHANGE From WINNING PRINCIPLES LLC Mark 100. Sel.

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
SUBJECT: WIN	NING PRINCI-	FLES LLC ited Liability Company			
	Amendment and fee(s) are sub-	_			
Please return all correspo	ondence concerning this matter	to the following:			
		MAGDALES PIKE Name of Person	De	-	
	MINUILA	PRINCIPLES LL	_	SECRI TAL	•
		RAMDA AJE Address		AN 21 I	5
	TALL AHAS	SEE FL 32304 City/State and Zip Code E 2017@ 4 m 41 L to be used for future annual report notifi		2022 JAN 21 PH 2: 06 SECRETARY OF STATE TALLAHASSEE, FL	Ę
	WILMA, PIL	E 2017@ 4mail		11, 0.	
For further information of	concerning this matter, please co		(Cattory		
STEPHEN	PIKE	at (BSD) 661 - Area Code Daytime	6811		
Name o	f Person	Area Code Daytime	Telephone Number	Γ	
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)	Certified	ate of Status &	
Mailing Address Registration Division of CP.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 8	310	

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

as it now appears on confility Company) ere filed on 3 - 7	our records.) 23 - 20 20 and assigned
are filed on $3-3$	23 - 20 2ラ and assigned
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Company," the designa	ation "LLC" or the abbreviation "LLC."
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City	, Florida Zip Code
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	N/A N/A

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 Address Type of Action _____ DAdd □Remove

	CACHEROLE
	Change
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record specifies a delayed effective date, b is filed.	ut not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b)	The 9	90th day	after the
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9	st.					_
Signatur	re of a member or authori	ized representative of	a member			

Filing Fee: \$25.00