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COVER LETTER

TO:	Registration Sec Division of Cor			·
	Winston Co	nsulting, LLC		•
SUBJE	CT:		ted Liability Company	
The en	closed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Angelina Harmon		_
			Name of Person	
		Winston Consulting, LLC		
			Firm/Company	
		6513 Bendelow Dr		
		<u></u>	Address	
		Lakeland, FL 33810		
			City/State and Zip Code	
		bendelow@yahoo.com		
			to be used for future annual report no	tification)
For fur	rther information c	oncerning this matter, please ca	all:	
Angel	ina Harmon		813 352-6738 at ()	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclos	sed is a check for t	he following amount:		
≡ \$2	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 enclosed)
	Mailing Addre		Street Address:	autian
	Registration Division of C		Registration Section Division of Corporations	
	P.O. Box 631		The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Winston COnsulting, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/05/2020}{}$ ____ and assigned Florida document number 1.20000122041 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 21 MAY 20 PH 12: 24

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Angelina Harmon Trust on January	6513 Bendelow Dr, Lakeland, FL 33810	= Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and connot be prior block does not meet the applic	to date of liling or more than able statutory filing requir	(optional) 90 days after filing.) Pursuant to 605. ements, this date will not be liste	0207 (3) ed as the
ne record specifies a delayed effect and is filed.	ive date, but not an effective ti	me, at 12:01 a.m. on the e	arlier of: (b) The 90th day after	the
Dated May 17	. 2021			
Dated May 17	2021 Signature of a member or author		abur	