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CAPITAL CONNECTION, INC.

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ALL ABOUT WYNWOOD, LLC	— _I
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
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At Of	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Phulo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
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name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:	Registration Se Division of Cor			
CUDU		Wynwood, LLC		
SUBJ	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		George Acosta		
			Name of Person	
		All About Wynwood, LLC	2	
			Firm/Company	
		8052 W 21st Ave		
			Address	
		Hialeah, FL 33016		
			City/State and Zip Code	
		George@socialkingmedia.c		
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	all:	
George	: Acosta		305 490-0401	
_	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ S 25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

FILED

2024 JUL -8 AM 10: 25

	STARY DE STATE
ty Company as it now appears on our record Limited Liability Company)	TALLAHASSEE, FLORIDA
Company were filed on 06/10/2020	and assigned
ited liability company here:	
ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
RESS)	
	
tered office address on our record ress here:	s, enter the name of the new
Enter Florida street addre.	55
FI	orida
•	z.p Code
and agree to act in this capacity. I fu complete performance of my duties, a gent as provided for in Chapter 605, d office address. I hereby confirm th	nd I am familiar with and F.S. Or, if this document is
	tered office address on our record ress here: Enter Florida street addres. City A Agent: and agree to act in this capacity. I fundamental formulation of my duties, as gent as provided for in Chapter 605,

. 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
AMBR	Carlos Jimenez	8052 W 21st Ave.	Add
		Hialcuh, FL 33016	■ Remove
			Change
_			Add
			☐ Remove
			□ Change
			Add
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Page 3 of 3

Filing Fee: \$25.00