LZ0000224417

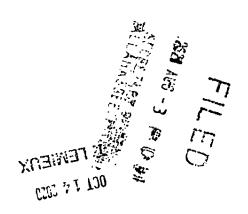
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COVER LETTER

TO: Registration S Division of Co			
	WIN LLC.		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	MARK COLODNE		
		Name of Person	
	WORLDWIDE TAX SER	VICES INC.	
		Firm/Company	
	8177 GLADES ROAD, ST	JITE 216	
		Address	
	BOCA RATON, FL 3341	14	
		City/State and Zip Code	
	MARK@GLOBALTAXIN		
		to be used for future annual report notification)
For further information c	concerning this matter, please c	મી:	
MARK COLODNE		561 483-1703 at ()	
Name c	of Person	at ()	hone Number
Enclosed is a check for t	he following amount:		
■ S25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration 5		Registration Section	
Division of C P.O. Box 632		Division of Corporati	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEADS I WIN 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 07/28/2020 __ and assigned Florida document number 1.20000224417 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) 11 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:

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.

City

Enter Florida street address

, Florida

Zip Code

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	MCGRATH, MICHAEL D	4 ROYAL PALM WAY, APT 4-205	
		BOCA RATON, FL. 33432	
			□ Change
MGR	BROWN, SAMUEL	4 ROYAL PALM WAY, APT 4-205	\ \overline \ Add
		BOCA RATON, FL 33432	□Remove
			□Change
			□Add
			□ Remove
			□ Change
-			🗆 Add
			□Remove
			□Change
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			□Remove
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ffective da	e, if other than the date of filing:	(ontional)
an effective	ate is listed, the date must be specific and cannot	(optional) t be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
locument's a	fective date on the Department of State's	e applicable statutory filing requirements, this date will not be listed as records.
record spec	ies a delayed effective date, but not an eff	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.		
8/27 Dated	2020	0
,aicu	· /	•)
		1 / 11
_	Signature of a member	or authorized representative of a member

Filing Fee: \$25.00