

L20 000270207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

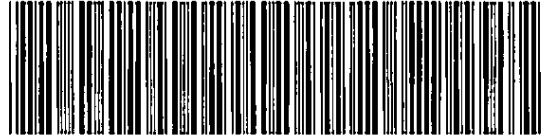
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 OCT -2 AM 10:03  
NOTICE: EARLY OF STATE  
IN THE COUNTY OF JEFFERSON

FILED

NOV 10 2020  
M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WIN CANVASS LLC

\_\_\_\_\_  
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:

MARIA L. KUHN

\_\_\_\_\_  
Name of Person

WIN CANVASS LLC

\_\_\_\_\_  
Firm/Company

2929 SW 3RD AVE. SUITE 220

\_\_\_\_\_  
Address

MIAMI, FL 33129

\_\_\_\_\_  
City/State and Zip Code

carmenartime@bellsouth.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2020 OCT -2 AM 10:03  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

FILED

For further information concerning this matter, please call:

Carmen Artime

305 495-8368

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

WIN CANVASS, 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 08/31/2020 and assigned  
Florida document number 120000270207.

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*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City Zip Code

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTIAN ULVERT	2929 SW 3RD AVE., SUITE 220	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS ANDRADE	2929 SW 3RD AVE., SUITE 220	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33129	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA L. KUHN	2929 SW 3RD AVE., SUITE 220	<input type="checkbox"/> Add
		MIAMI, FL 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA L. KUHN	2929 SW 3RD AVE., SUITE 220	<input type="checkbox"/> Add
		MIAMI, FL 33129	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FILED  
CLERK OF DISTRICT COURT  
NORTH DAKOTA  
FBI

NO. 6 BATTERY OF SIXTEEN  
CUMULATIVE TITERS 44 (10) Pcs

2020 OCT - 2 AM 10: 03

7  
1  
1  
1

2020 OCT -2 AM 12:03

THE  
SCHOOL OF  
THE  
MARTIN LUTHER KING, JR.  
CENTRE

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**