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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: WINSOME T	FC LLC
Name of Lit	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	er to the following:
De	isha Santiago Name of Person
Winson	Firm/Company
4300 W	J. Lake Mary Blud, Suite 1010 Address unit 253
Lake	Mary, FL 32746 City/State and Zip Code
Deis E-mail address:	ha Santiago & Yahoo. com
For further information concerning this matter, please	call:
Deisha Santiago Name of Person	at (321) 337-616 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Limbility Comp</u> (A Florida Limited	pany as it now appears of Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Compan	•	OU 17, 20 20 and assigned
Florida document number <u>L 2000 363</u> 2	+3	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here	:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the desig	gnation "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:		20
(Mailing address MAY BE A POST OFFICE BOX)		
		· Ö ŋ_
		- - - - -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	ords, enter the name of the new registered
agent and/or the new registered office address here.		ي پ
		54
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	Cin	, Florida Zip Code
Naw Degistered Agent's Signature if shanging Degistered Agent	•	zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my s provided for in Cha	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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
MGR	Deisha Santiago	0 408 S. winsome ct	IV/Add
		2 408 S. winsome ct Lake Mary FL 3274k	2 _ □Remove
			□Change
			🖸 Add
			□Remove
			DAdd
			20 Elemove
	·		□Change
			🗆 Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change

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Filing Fee: \$25.00