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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

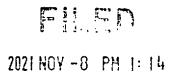
TO:

Div	ision of Cor	porations				
	WINTER I	IARTT, LLC				
SUBJECT:Name of Limited Liability Company						
The analysis	l Amiolog of	Amundment and fortel are sub-	minul for Oliva			
		Amendment and fee(s) are sub-				
Please return	all correspo	indence concerning this matter	to the following:			
		EMBERLY HARTT				
			Name of Person			
		SELF				
			Firm/Company	-	<del></del>	
		205 HAWTHORN HEDGI	ELANE			
			Address			
		SAINT JOHNS, FL 32259				
			City/State and Zip Code		<del></del>	
		EMBERLY.HARTT@YAF			_	
		E-mail address: ()	o be used for future annual re	port notification)		
For further in	iformation c	oncerning this matter, please ca	ill:			
EMBERLY HARTT			904 536-6 at ( )	6855		
Name of Person		Area Code	Daytime Telephone Nur	nber		
Enclosed is a	check for t	ne following amount:				
□ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi sed) Certi	0 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	
	iling Addres		<u>Street Add</u> Registrat	lress: ion Section		
Div	vision of C	Corporations	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



WINTER HARTT, 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		09/22/2021	and assigned	
Florida document number L21000418789				
This amendment is submitted to amend the following	;;			
A. If amending name, enter the new name of the l	imited liability company	here:		
WINTERHARTT, LLC *NOTE ON	NLY REMOVING SPACE.	WINTERHARTT IS	S ONE WORD- NOT TWO)	
The new name must be distinguishable and contain the words "I	Limited Liability Company," tl	ne designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe agent and/or the new registered office address her  Name of New Registered Agent:	<u>.e</u> ;	r records, <u>enter th</u>		
New Registered Office Address:	Fnter	Florida street address		
<del></del>	City	, Fiori	da Zip Code	
New Registered Agent's Signature, if changing Register	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance d agent as provided for i tered office address, I he	of my duties, and n Chapter 605, F.,	I am familiar with and S. Or, if this document is	
	If Changing Registered	Agent, Signature of N	iew 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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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reffective date is te: If the date i	other than the d listed, the date must inserted in this bloo ive date on the Dep	be specific and ck does not m	cannot be prio	cable statutor			ling.) Pursuant to	
ecord specifies a s filed.	i delayed effective	date, but not	an effective t	ime, at 12:01	a.m. on the	earlier of: (b)	The 90th day a	fter the
OCTOBER	. 29	<u></u> ,	2021	·				
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	<u>Umber</u>	Signature of a n	anth			1		

Filing Fee: \$25.00