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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Win	nston Holdings Name of Lim	CF 77 Cited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	1) 601	Name of Verson	
		Name of Verson    Oings CF LL C   Origin/Company	
	19996 NE	E 36 Mace Address	
	Aventura F	2 33/8-0	
	Lavish B	City/State and Zip Code  Vinston cake Com  to be used for future annual report noting	fication)
For further information c	oncerning this matter, please ca		
David Burst	Person	at (305 ) 985 - 0 Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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

Winston Holdin (Name of the Limite	as CF	LLC		
(Name of the Limite	d Liability Compan る Florida Limited Li	y as it now appears on our relability Company)	ecords.)	
The Articles of Organization for this Limited Lia Florida document number <u> </u>	ability Company v	were filed on <u>/0/20</u>	/21	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
Winston Holdings CP The new name must be distinguishable and contain the wo	240			
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation	"LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	Γ ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/or re		ddress on our records, g	enter the na	AND SEE STATE OF THE New registers
agent and/or the new registered office addres	s here:			
Name of New Registered Agent:	Davi	NE 38 Place Enter Florida street		
New Registered Office Address:	19996	NE 38 Place	e oddrass	
	Buentu	TO	Florida	33180
		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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		<del> </del>	□Add
			□Remove
			□ Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	we date, if other than the date of filing:
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Dated .	January 25. 2022.
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	Signature of a member or authorized representative of a member