

L21000607527

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

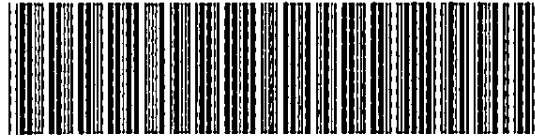
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FILED  
2022 NOV -8 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

Registration Section  
Division of Corporations

WYN ART AUTO SALES LLC  
Name of Limited Liability Company

sed Articles of Amendment and fee(s) are submitted for filing.  
urn all correspondence concerning this matter to the following:

JONATHAN LOYNAZ  
Name of Person  
WYN ART AUTO SALES LLC  
Firm/Company  
2695 NW 7 AVE  
Address  
MIAMI FL 33127  
City/State and Zip Code  
jonathan@spectruminvests.com  
E-mail address: (to be used for future annual report notification)

er information concerning this matter, please call:

N R DIAZ  
Name of Person  
305 439-8257  
at ( )  
Area Code Daytime Telephone Number

I is a check for the following amount:

- ☐ \$0.00 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

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TO  
OF  
OF

WYN ART AUTO SALES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 01-30-2022 and assigned document number L21000507527.

ndment is submitted to amend the following:

**ending name, enter the new name of the limited liability company here:**

name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

2675 NW 7 AVE

*al office address MUST BE A STREET ADDRESS)*

MIAMI FL 33127

**new mailing address, if applicable:**

2695 NW 7 AVE

*(address MAY BE A POST OFFICE BOX)*

MIAMI FL 33127

ending 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:

SAME - NO CHANGE

New Registered Office Address:

Enter Florida street address

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

**Registered Agent's Signature, if changing Registered Agent:**

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is intended 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**

ed from our records:

Manager  
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NELSON R DIAZ	7084 MARIPOSA CIRCLE CT	<input type="checkbox"/> Add
	FORT LAUDERDALE FL 33331	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
CHRISTOPHER LOYNAZ	11002 NW 83RD ST APTD 107	<input checked="" type="checkbox"/> Add
	DORAL FL 33178	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
JONATHAN C. LOYNAZ	475 BRICKELL AVE APTD 1514	<input checked="" type="checkbox"/> Add
	MIAMI FL 33131	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

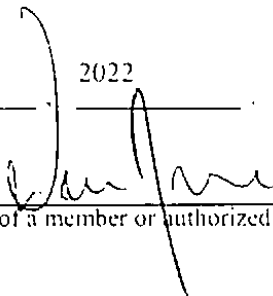
Effective date, if other than the date of filing: NOVEMBER 01-2022 (optional)

If the 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

If the member 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 date of filing.

NOVEMBER 01

2022



Signature of a member or authorized representative of a member

NELSON R DIAZ

Typed or printed name of signee