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COVER LETTER

TO: Registration S Division of Co.				
	ned Pet LLC			
30B0EC1.	Name of Lin	nited Liability Company	·····	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
	ondence concerning this matter	•		
	Doris Hay			
	 -	Name of Person		
	Wynsor's House LLC			
	·	Firm/Company		
	223 1st St S			
		Address	4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	Dundee, Fl 33838			
		City/State and Zip Code		
	wynsorshousc@gmail.com			
	E-mail address: (to be used for future annual report noti	tication)	
For further information c	oncerning this matter, please c	all:		
Doris Hay		689 224-6945 at ()		
Name o	f Person		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 Addres Registration 9		Street Address: Registration Sec	ction	
Division of C	orporations	Division of Cor	Division of Corporations	
P.O. Box 632		The Centre of T		
Tallahassee, I	LF 27314	Z413 IV. IVIONTO	e Street, Suite 810	

Tallahassee, FL 32303

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

The Lavished Pet, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000005402</u> .	y were filed on Dec 28, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Wynsor's House LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NO CHANGE	2023
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG -2 PM 5: 28
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new register
Name of New Registered Agent: NO CHANGE		
New Registered Office Address:	Enter Florida stree	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	

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 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
	NO CHANGE		□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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			□Remove
			□Change

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Note:	September 1, 2023 (optional) fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco. rd is fi	rd 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 led.
Da+-∃	July 31 2023
Dated	Main Ala.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00