5/23/22, 7:51 AM



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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	LEGALZOOM.COM	INC
Account Number	:	120010000062	
Phone	:	(323)962-8600	
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Help

COVER LETTER

TO: Registration Section Division of Corporations

WINNER'S CIRCLE ENOTICS LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

burgeelle@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINNER'S CIRCLE EXOTICS LLC
(Name of the Limited Liability Company as it now :

imited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/16/2022	_ and assigned
Florida document number 1.22000130977	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

New 1

(Mailing address MAY BE A POST OFFICE BOX)

Medley, Florida 33178

6819 NW 105th Ave

Medley, Florida 33178

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:			2027 M
New Registered Office Address:			بر بر ۲
<u></u>	Enter Florida street address	C	
	, Florida		
	Cuy	. Zip Co	
Registered Agent's Signature, if changing Registered Agent:		· · 08	

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, E.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, <u>enter the title, name, and address of each person, being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

•

Title	Name	Address	Type of Action
AMBR	Elle Burge		Add
			Remove
		6819 NW 105th Ave Medley, Florida 33178	Change
AMBR	Bryan Wynn		🗆 Add
			Remove
		6819 NW 105th Ave Medley, Florida 33178	🖻 Change
			O Add
			Remove
			Change
			🗆 Add
			🖸 Remove
			Change
		<u> </u>	O Add
			Remove
			Change
			Add
			Remove
			Change

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

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If the record 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 record is filed.

Dated 5/8/ 2027	,,,	
· t	She Days	
	Suphature of a member or authorized representative of a member	
Elle Burge	· · · · ·	···· ·.
	Typed or printed name of signee	
to the second second	Page 3 of 3	en en en en
·· · ·	Filing Fee: \$25.00	