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COVER LETTER

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TO:

	ion Section of Corporations		
SUBJECT: Wi	nner's Circle Soci	al Club LLC Limited Liability Company	
	Name of I	Elimited Glability Company	
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
	Joel B	Name of Person	
		Name of Person	
		Firm/Company	~~
	PO BOX 137	72	<u>'</u> .
	6 . 1 J	Address F1. 342 95 City/State and Zip Code	,
	Fngiewooa	City/State and Zip Code	
	E-mail addres	ss: (to be used for future annual report noti	fication)
For further informa	ation concerning this matter, pleas	se call:	
Joel Br	ooks	at (727) 410 - 5	5602
1	Name of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check	k for the following amount:		
\$25.00 Filing	Fee S30.00 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)
<u>Mailing A</u> Registra	Address: ation Section	Street Address: Registration Se	ection
Divisior	n of Corporations	Division of Cor	rporations
P.O. Bo	x 6327 ssee, FL 32314	The Centre of 7	Fallahassee be Street, Suite 810
tananas	55CC, FL 32314	2413 IN. MOSITO	a succi, suite oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	Club LLC inv as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000135608</u> .	were filed on <u>Marc</u>	∧ 18,2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	4	
r a comparation of a live of a section block		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address neve.		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida s	reet address
		, Florida
	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>	Name	Address	Type of Action
IMBR	Joel R Brooks	POBOX 1372	□Add
	Joel R Brooks Joul Man	POBOX 1372 Englewood, F1.34295	X Remove
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ote: If the da	, if other than the e is listed, the date must the inserted in this blo ective date on the De	ock does not m	neet the applic	cable statutory	o22 or more than 90 filing requirem	(optional) days after filing. ents, this date) Pursuant to 605,020 will not be listed a
record specificity is filed.	es a delayed effective	date, but not	an effective t	ime, at 12:01 a	a.m. on the earl	ier of: (b) Th	e 90th day after th
	20	,	2022	·			
ated Dec	<u> 50,</u>						
ated Dec	30, Jarli	Mrs			tative of a membe		

Filing Fee: \$25.00