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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	rporations			
T&N WIN	TER LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
	ondence concerning this matter			
	BARBARA RUIZ-GONZ	ALEZ		
		Name of Person		
	RUIZ-GONZALEZ LAW	PLLC		
	<del></del>	Firm/Company	<del></del>	
	PO BOX 833059			
		Address		
	MIAMI, FL 33283			
		City/State and Zip Code	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
	barbara@ruizgonzalezlaw.c	om to be used for future annual repo		
For further information c	oncerning this matter, please c	•	rt notification)	
BARBARA RUIZ-GON	ZALEZ	305 814-42 at ( )	24	
Name o	f Person		aytime 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S	Section	Street Addre Registration	Section	
Division of C P.O. Box 632			Corporations of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2022 HAY -3 771 12:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T&N WINTER LLC			
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on April 8, 2022	and ass	igned
Florida document number L22000169498			
This amendment is submitted to amend the following:	_		
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company "the designation "LLC" or the a	bbreviation "I	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)	"	2
· · ·			22
		:: T	<u> </u>
Enter new mailing address, if applicable:			
		11-4 71-5	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	1-11-1-11-11-11-11-11-11-11-11-11-11-11	= /**	_ <del></del>
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B. If amending the registered agent and/or registered	d office address as a second as a second	,, 	$\sigma$
agent and/or the new registered office address here:	d office address on our records, enter the han	ne of the new	register
Name of New Registered Agent:			
New Registered Office Address:			
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street 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>	<u>Name</u>	Address	Type of Action
AMBR	NILS WINTER	615 CAPE CORAL PKWY W	
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Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	aocs not n	neel the abbi	icabie statutor	ng or more than S y filing require	ments, this date	g.) Pursuant to a will not be	nsieu a	
The date diserted in this block	tment of S	itate's record	s.	y ming require	ments, this date	2 WIII not be		
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Filing Fee: \$25.00