L22000 195485

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cı	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



300392582793

08/17/22--01001--001 **25.00

022 AUG 16 PM 2: 2

FILED 2012 AUG 16 PH 4: 56

AUG 1 8 2022 D COVARIA 1

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WINNETT, LLC				
	•			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
		:		L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			<u>. </u>	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
		i		Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
	- -			Driving Record
Requested by: SN	08/16/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	
	ecords.)
The Articles of Organization for this Limited Liability Company were filed on 05/12/2022 Florida document number L22000195485	and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:	822
(Principal office address MUST BE A STREET ADDRESS)	100
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
R. If amending the projectional annual state of the state	
B. If amending the registered agent and/or registered office address on our records, eagent and/or the new registered office address here: Name of New Registered Agent:	nter the name of the new registere
agent and/or the new registered office address here:	nter the name of the new registere
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address: Enter Florida street of the new registered office address here:	
Name of New Registered Agent: New Registered Office Address:	iddress

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
MGR	JULIANA VIETRI	1390 Brickell Avenue Suite 200	= Add
		Miami, FL 33131	Remove
			Change
	·		□Add
			Петпоче
			Change
	·		DAdd
			□ Remove
			Change
		·	□Add
			□Remove
			Change
	·	<u> </u>	
			□Remove
			Change
			bdd
		-	CRemove

 		·			
					
 				-	<u> </u>
					
			 		
· · ·		_			
					
		<u> </u>			
			· · · · · · · · · · · · · · · · · · ·		
					<u> </u>
			-		
		<u> </u>			
					
	than the date of filin	g:		(optional)
Ate. II mie mane mperhen	he date must be specific and I in this block does not a on the Department of the	meet the applicable	te of filing or more the statutory filing req	an 90 days after filing uirements, this dat	g) Pursuant to 605.020 e will not be listed a
	•				
ecord specifies a delayer is filed.	ed effective date, but no	t an effective time,	at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
	8/16/2	- 12	1	N	٠.
.ted		,	Juno	17	
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	+<	

Filing Fee: \$25.00