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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of	Corporations		1
	422 LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Alex D. Sirulnik		
		Name of Person	-
	Alex D. Sirulnik, P.A		
		Firm/Company	
	2199 Ponce de Leon Blvd	Suite 301	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	djs@sirulniklaw.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	on concerning this matter, please c	all:	
Alex D. Sirulnik		305 4437211	
Nun	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	n Section f Corporations	Street Address: Registration Se Division of Co	porations
P.O. Box 6 Tallahasse	6327 e, FL 32314	The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WYN 3422 LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Florida document number L22000283464	and assigned		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2199 Ponce de Leon Blvd.,	Suite 301
		Coral Gables, FL 33134	
Enter new mailing address, if applicable:		2199 Ponce de Leon Blvd Coral Gables, FL 33134	Suite 301
Mailing address MAY BE A POST OFFICE			2022 T.
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:	Alex D. Sirulni	k, P.A	SSEE 2
New Registered Office Address:	2199 Ponce de	Leon Blvd., Suite 301 Enter Florida street addi	TA: -
	Coral Gables	,1	Florida 33134
		Circ	7in 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>	<u>Address</u>	Type of Action
MGR	ABH Developer Group, LLC	2199 Ponce de Leon Blvd., Suite 301	□Add
		Coral Gables, FL 33134	□Remove
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			Change
	·		
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
e reco rd is f	
Dated	08/24/22.
	Signature of a member or authorized representative of a member
	Alexis Bogomolni, as Manager of ABH Developer Group, LLC

Filing Fee: \$25.00