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2022 OCT 25 PM 4: 50 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Winston's Ava Pacyclim 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:	
Glan Laylar Name of Person	
Winstons Tro Procycling Firm/Company	
DONE 27th St Unit B Address	and the second s
Pempano Deach, FL 33004 35 3 2 City/State and Zip Code Whyre recycling ayahou-com	
WHYO VOCUCING WYCHO CON E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Classification at Person at Person at Person at Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee Solution	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	all as it now appears on our	records)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2UXX26502</u>	y were filed on	24/2022 and assigned
This amendment is submitted to amend the following:		
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 Liab	ility Company," the designation	"LLC" or the abbreviationL.C."
Enter new principal offices address, if applicable:		700 TI
Principal office address MUST BE A STREET ADDRESS)		23: N 122
		2017年 17
Enter new mailing address, if applicable:		F. S. T. S.
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		·
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	uddress
	City	_, Florida Zip Code
	Cult	zip Coae

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
AMBL	Glan Taylon Se.	620 S. Fails Circle Dr	ÆAdd
		Apt 108	□Remove
		Lauctorhill, FL 33319	□Change
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	ate, if other than the da date is listed, the date must be	e specific and cann	not be prior to date	e of filing or more t	(option: han 90 days after fili	ng.) Pursuant to	605.0207
an effective				statutory filing red	quirements, this da	ite will not be	isted as
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an effective lote: If the ocument's record spet is filed.	date inserted in this block effective date on the Department of th	late, but not an e	offective time, a	t 12:01 a.m. on th		The 90th day a	fter the