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R. HUNT

COVER LETTER

Registration Section

TO:

Division of Corporations		
SUBJECT: Win-Sum tan Siname of Limited	ENTRE LL C	
The enclosed Articles of Amendment and fee(s) are submi		
Please return all correspondence concerning this matter to	the following:	~
Howard Hu Win Sun	Name of Person Lase Service, LC Firm/Company	172 CET 18 AM 10: 36
7705 Banya	N St. Address	FLE 36
Fort Pierce	FL 3495/ City/State and Zip Code	
WUNSUMTAX (a)	be fised for future annual report notification)	
For further information concerning this matter, please call	V	
Howard Hall	at (50) (002-8522 Area Code Daytime Telephone	Number
Name of Person	Area Code Sayinne Corepton	
Enclosed is a check for the following amount:		
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records, orda Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number <u>W.22000114279</u>	2 ath	and assigned
This amendment is submitted to amend the following	<i>y</i> .	
A. If amending name, enter the new name of the	limited liability company here:	
		202
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:		
(Principal office address MUST BE A STREET AD	DDRESS)	35 TI
		36 FATE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address her		he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		- ,_ .
	Enter Florida street address	
_	, Flor	
	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 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
MGR	Howard Hall	7705 banyan 3t Ft Rurce FL 34951	S Ydd
		Ft hurce FL 34951	□Remove
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing.	(op) g or more than 90 days aft	t ional) er filing.) Pursual	nt to 605.0207
ote: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	filing requirements, the	nis date will not	t be listed as
ecord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: ((b) The 90th o	lay after the
ie tiled			
is filed.			
ated Ortober 14,2022 Howard Signature of a member or authorized representation	variva of a manhar		