L33 000 10357

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700419802707

12/04/23--01047--004 **30.00

23 DEC -4 AH 9: 32

Ct islialson

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Win Way Livin	a LLC ityd Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jennifer	Name of Person	
	Wink	Jay Living Firm/Company	
	5377 Shea	Street Unit	- 104
	Orlando F	lovida 32811 City/State and Zip Code	1
		sing 110 09 mail (0	om (fication)
For further information	concerning this matter, please ca	-	acationy
Jennifer Name	E 116 of Person	at (321) 468- Area Code Daytim	H743 e Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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 Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Win Way L	-IVING LLC 2023 0.10 -4 M1 9: 32
(<u>Name of the Limited Liability Co</u> (A Florida Lim	Company as It now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 01/04/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES.	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
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 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	Kareem Padgett	5377 Sheastreet Unit	□Add
	V	104 Orlando, Florida	Kemove
		32814	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove

_
ant to 605.020 ot be listed as
day after the
C