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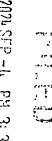
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2024 SEP -4 PM 3: 39 SECRETARY OF STATE



COVER LETTER

Division of Co	rporations	
Winwes Ro	ealty, LLC	
SUBJECT:	<u> </u>	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondence	ondence concerning this matter to the following:	
	Jodie P. Baugh	
	Name of Person	
	Winwes Realty, LLC	
	Firm/Company	
	327 Beachwood Ave	
	Address	
	Lehigh Acres, Fl 33936	
	City/State and Zip Code baugh899@gmail.com	
	E-mail address: (to be used for future annual report notification)	23
For further information o	concerning this matter, please call:	S S
Joxlie P. Baugh	239 823-1544	7024 SEP -4 PH 3: 3: SECRETARY OF S. F.
Name o	at () Area Code Daytime Telephone	Number 3
	Area Code Dayunie Telephone	Mumber (12)
		r = r = r = r = r = r = r = r = r = r =
Enclosed is a check for the	he following amount:	F 13 19
□ \$25.00 Filing Fee	Certificate of Status Certified Copy C (additional copy is enclosed) Ci	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Winwes Realty, LLC		
	impany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on August 22, 2023	and assigned
Florida document number		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 L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	207
		TAS TS
Enter new mailing address, if applicable:		P-L
Mailing address MAY BE A POST OFFICE BOX)		222
		- 100 - G - 100 - G
2 Homes No. 1		- 12 S
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, enter th	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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>	<u>Address</u>	Type of Action
AP	Laurence B Richards		
		305 Hollywood St, Lehigh Acres, Fl 33936	□Add
		Als Holly wood St, Edinga Acts, 11 3,7930	≣Remove
			□Change
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory frament's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed a
filed.	n, on the earlier of: (b) The 90th day after the
Signature of a member of authorized representation	
godie Sh	
Signature of a member of authorized representat	ive of a member