L23000530527

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COVER LETTER

CUDICET.	Win Agency	y of Florida LLC		•
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subi	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	o the following:	
		Daniel J Kowalski		
			Name of Person	
		Win Agency of Florida LL	C	
			Firm/Company	
		PO Box 41234		
			Address	
		St Petersburg, FL 33743		2071:FEB 15 PH 2: 20
			City/State and Zip Code	-
		djkowalski70@outlook.com		স
			o be used for future annual report notification)	(= = = = = = = = = = = = = = = = = = =
For further i	intermation c	oncerning this matter, please ea	dl:	13. 63
Daniel J Ko	owalski		727 237-8001 at ()	20
	Name o	t Person	Area Code Daytime Teleph	one Number
Enclosed is	a check for th	he following amount:		
■ \$25.00	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)
	ailing Addres		Street Address: Registration Section	
Division of Corporations		3	Division of Corporation	
	O. Box 632 allahassee.	FL 32314	The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	et, Suite 810
		1/04	rananassee, r E 3230.	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Win Agency of Florida LLC		
(Name of the Limited Liability Com (A Florida Limite)	pany as it now appears on our a	ccords.)
The Articles of Organization for this Limited Liability Companies Florida document number L23000530527	y were filed on November 2	8. 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabs Enter new principal offices and to the state of	ility Commany "the A	
Enter new principal offices address, if applicable:	Win Agreem - ED	LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	Win Agency of Florida LL 5922 9th Avenue North	<u>C</u>
	St Petersburg, FL 33710	工器 55
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		
		700 0
2. 70		
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, ent	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Elorida street addr	ess
	F	
		loridaZip Code

If Changing Registered Agent, Signature of New Registered Agent

or removed:	from our records:		person being acc
MGR = M $AMBR = At$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			Remove
			🗆 Change
			□Add
		<u> </u>	□Remove
			Change
	7		□Add
	7 Die	<u> </u>	□Remove
•	19		□ Change
	BAT PURT		□ Add
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Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar		date of filing or more than 90 date of filing or more than 90 date of filing requirements	(optional)	nt to 605.020 the listed a
he record specifies a delayed effective da ord is filed.	te, but not an effective tim	ne, at 12:01 a.m. on the earlie	er of: (b) The 90th d	iay after the
December 29	, 2023			
	Durle	rized representative of a member	er	

Filing Fee: \$25.00