

209000108778

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7033

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WIN BAT, L.L.C.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
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15 MAR -6 11:10:00
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED
2015 MAR -6 AM 11:28
STATE OF FLORIDA
TALLAHASSEE

MAR 06 2015
D. BRUCE

H15000057524 3
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WIN BAT, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/12/2009 and assigned
Florida document number L09000108778

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 end with 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 ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ACCOUNTANT & MANAGEMENT INC

New Registered Office Address:

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

City

Florida

33161

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 Changing Registered Agent, Signature of New Registered Agent

H15000057524 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|---------------------|--|
| MGR | LOPEZ, LARA P | 96130 OVERSEAS HWY | <input type="checkbox"/> Add |
| | | KEY LARGO, FL 33037 | <input checked="" type="checkbox"/> Remove |
| MGR | LOPEZ, JOSE | 96130 OVERSEAS HWY | <input checked="" type="checkbox"/> Add |
| | | KEY LARGO, FL 33037 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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STATE OF FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date the document is filed by the Florida Department of State)

Dated FEBRUARY 17TH 2015



Signature of a member or authorized representative of a member

LARA P LOPEZ

Typed or printed name of signer

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TALLAHASSEE FLORIDA