## 118000128288

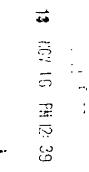
(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s.of Status
Special Instructions to Fi	iling Officer:	





900320752869

11/16/18--01006--008 \*\*25.00



## COVER LETTER

		ration Sec on of Corp				
eun ire		INDWAR	D RESTAURANTS LLC			
SUBJEC	~I: <u> </u>		Name of Lim	ited Liability Company		<del></del>
The encle	osed Ai	rticles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	turn all	correspon	dence concerning this matter	to the following:		
			ANTONIO REGOJO			
				Name of Person		
			REGOJO LAW, PA			
			<del> </del>	Firm/Company		
			12550 BISCAYNE BLVD	STE 110		
				Address	<u>.                                    </u>	<del></del>
			MIAMI, FL 33181			
			AREGOJO@REGOJOLAW	City/State and Zip Code V.COM		
			E-mail address; (i	to be used for future annual re	port notification)	<del></del>
For furth	er infor	mation co	ncerning this matter, please ca	ıll:		
ANTON	IO REG	GOJO	_	305 814-8	8299	
		Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed	l is a ch	eck for the	: following amount:			
<b>S</b> \$25.0	00 Filin	g 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINDWARD RESTAURANTS LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	— —
The Articles of Organization for this Limited Liability Compan	y were filed on 05/22/2018	and assigned
lorida document number L18000128288		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
		مير. فعل
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
		<u>S</u>
inter new principal offices address, if applicable:	-	<del></del>
Principal office address MUST BE A STREET ADDRESS)		
		PH
		Ģ
Inter new mailing address, if applicable:		ري به ن
•		· <del></del>
Mailing address MAY BE A POST OFFICE BOX)		<del> </del>
		<u> </u>
s. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
<del></del>	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 Changing Registered Agent, Signature of New Registered Agent

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	RANDEL RANSOM	2889 McFartane Road CU-2	■ Add
		Miami, F1, 33133	Remove
MGR	CLAYTON CHELLEY	2889 McFarlane Road CU-2	<b></b> Add
		Miami, FL 33133	☐ Remove
			Change
MGR	VALERIE CHELLEY	2889 McFarlane Road CU-2	⊟ Add
		Miami, FL 33133	Remove
			☐ Change
MGR	MARGUERITE RANSOM	2889 McFarlane Road CU-2	
		Miami, FL 33133	Remove
			■ Change
		<del></del>	
			☐ Remove
			☐ Change
			D Add
		2	□ Remove
		13 1:01 18 6H 15: 30	Change

<del></del>		
<del></del>		
<del></del>		4.1
		~~~
<del></del>		
·		<del></del>
<del></del>		
<del></del>		
<del></del>		, (3)
<del></del>		<del></del>
document's effective date on the De	a be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fili epartment of State's records.	(optional) more than 90 days after filing.) Pursuant to 605 0207 (3 ing requirements, this date will not be listed as th
the record specifies a delayed The 90th day after the reco	effective date, but not an effective and is filed.	time, at 12:01 a.m. on the earlier of:
Dated November 13th	2018	
Merquent	Signature of principles or authorized representative	c of a member
MARGUERITE RANSC	)M, MANAGER	
	Sped or printed name of signor	

Page 3 of 3

Filing Fee: \$25.00