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COVER LETTER

	gistration Sec vision of Corp			
CHD IVCT.	316 WINDV	VARD LLC		
SUBJECT:		Name of Limite	ed Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please retur	n all correspor	ndence concerning this matter to	the following:	
		JACKIE ROSARIO		
		ENS BUSINESS FILINGS &	Name of Person SEARCHES CO.	
		PO BOX 115	Firm/Company	
		WATERFORD, NY 11288	Address	
		ensbusiness911@gmail.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please cal	l:	
jackie rosa	ario .	_	518 238-3083 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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)

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

316 WINDWARD LLC (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 $\frac{8/16/2019}{1}$ Florida document number L19000210076 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	JASON A. AMENDOLIA	78 OLD COW PASTURE LANE KINNELON, NJ 07405	Add
			Remove
			Change
AMBR	DEBRA AMENDOLIA	78 OLD COW PASTURE LANE KINNELON, NJ 07405	
			Remove
			Change
			Ađd
			□ Remove
			Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove

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· ee	data if ather than the date of filings
Note	edate, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
Date	EPTEMBER 30 2019
انائم	Cola
	Jagarey Osan

Page 3 of 3

Typed or printed name of signee