

L020000012357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300173036593

03/26/10--01008--007 **25.00

FILED
10 MAR 26 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. G. MAR 29 2010

Asma & Asma, P.A.
Attorneys and Counselors at Law
884 South Dillard Street
Winter Garden, Florida 34787
Ph. (407) 656-5750 Fax (407) 656-0486
william.asma.pa@earthlink.net

William N. Asma

C. Nick Asma

March 23, 2010

Amendment Section
Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Windtree Lane LLC

Dear Sir/Madam:

Enclosed please find Articles of Amendment for filing together with the filing fee of \$25.00. Please provide the undersigned a copy of the filed Amendment in the enclosed envelope. Thank you.

Sincerely,



Sharon D. Morgan
For William N. Asma, Esquire

:sm
Enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
10 MAR 26 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WINDTREE LANE 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 05/16/2002 and assigned
Florida document number L02000012357.

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

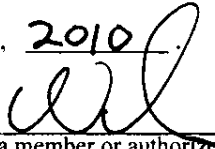
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM N. ASMA	884 S DILLARD ST WINTER GARDEN, FL 34787	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Atlas Property Trust	c/o 884 South Dillard Street Winter Garden, FL 34787	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
10 MAR 26 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated MARCH 23, 2010



Signature of a member or authorized representative of a member

William N. Asma

Typed or printed name of signee