105000067894

(Requestor's Name)	
	Address)	
(Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(1)	Document Number)	
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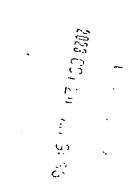
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	Tradewinds LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kimberly Abajian		
	<u> </u>	Name of Person	
	Hoffman Tradewinds LLC		
		Firm/Company	
	4403 W Tradewinds Ave		
		Address	<u> </u>
	Lauderdale by the Sea, FL	. 33308	
	1: 1 10: 1 %	City/State and Zip Code	
	kimberly@joannhoffman.c E-mail address: (om to be used for future annual report not	ification)
For further information (concerning this matter, please c	all:	
Kimberly Abajian		954 351-9111	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hoffman Tradewinds LLC (Name of the Limit	ted Liability Company as it now appears of	on our records.)	
\ <u></u>	ted Liability Company as it now appears of (A Florida Limited Liability Company)		
The Articles of Organization for this Limited L	iability Company were filed on 07/11	/2005	and assigned
lorida document number L05000067894			
iorida document fidinoci			
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here	: :	
he new name must be distinguishable and contain the v	words "Limited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		
		 -	-
S. J. St. St. St. St. St. St. St. St. St. St			~3
Enter new mailing address, if applicable:	-		223
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	:	
		·	<u> </u>
			. '=
3. If amending the registered agent and/or		ords ontar the nam	ie of the new rec
		orus, emer the nam	
		orus, enter the nam	•
		orus, emer the nam	<u>ှို့</u>
		orus, emer the nam	•
Name of New Registered Agent:	ess here:	ener the nam	<u>ှို့</u>
agent and/or the new registered office addre	Christic H. Gibbons 4403 West Tradewinds Avenue	la sireet address	<u>ှို့</u>
Name of New Registered Agent:	Christic H. Gibbons 4403 West Tradewinds Avenue		် မှာ ဆ

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	Christic H. Gibbons	4403 West Tradewinds Ave	≣Add
		Lauderdale-by-the-Sea, FL 33308	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
		🗀 Add	
		🗖 Remove	
			□ Change
			□Add
			□Remove
			□ Change

11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
ne reco ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	10-17-23
	Signature of a member or authorized representative of a member
	Jo Ann Hoffman, MGR
	Typed or printed name of signee

Filing Fee: \$25.00