

L05000109575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

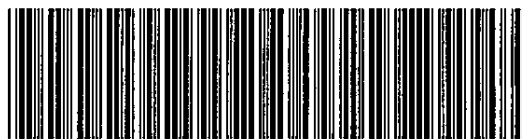
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000108133270

08/20/07--01037--023 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 AUG 20 PM 12:38

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Winds @ 313, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Alberto Silva**

(Name of Person)

(Firm/Company)

**1506 SW 143rd Court**

(Address)

**Miami, Fl. 33184**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Alberto Silva** at ( **786** ) **290-5686**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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**

**THE WINDS @ 313, LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on November 14, 2005 and assigned document number L05000109575.

**SECOND:** This amendment is submitted to amend the following:

Manager/Member Detail: The sole Managing Member will be Alberto Silva.

Therefore, M. Gonzalez shall be removed as MGRM.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 17, 2007



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alberto Silva

\_\_\_\_\_  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 AUG 20 PM 12:38

**Filing Fee: \$25.00.**