

L07000055509

(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:

CORRECTION TO NAME PER
CONVERSATION WITH AMY CARR
3/30/2011 KS

Office Use Only



000198364360

03/18/11--01017--006 **55.00

FILED
11 MAR 28 PM 1:59
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 30 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2011

WESTWIND CHARTERS LLC
AMY CARR
3340 SANTA BARBARA DR.
WELLINGTON, FL 33414

SUBJECT: WESTWIND CHARTERS, LLC
Ref. Number: L07000055509

We have received your document for WESTWIND CHARTERS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 711A00006802

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: westwind charters 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:

amy carr

Name of Person

westwind charters llc

Firm/Company

3340 santa barbara dr

Address

wellington, fl 33414

City/State and Zip Code

agracida@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

amy carr

Name of Person

at (**561**)

662-0728

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

FILED
11 MAR 28 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

westwind charters 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 05/24/2007 and assigned
Florida document number L07000055509.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

rancho alegre STABLES LLC

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)

william weston gracia

3340 santa barbara dr

wellington, fl 33414

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:

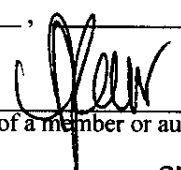
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgrm	william weston gracida	3340 santa barbara dr wellington, fl 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgrm	amy carr	3340 santa barbara dr wellington, fl 33414	<input type="checkbox"/> Add <input checked="" 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.)*

Dated _____,



Signature of a member or authorized representative of a member

amy carr

Typed or printed name of signee