L0900001527

(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:

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AUG 12 2009

EXAMINER

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SECRETARY OF STATE-

COVER LETTER

TO:

ГО:	Registration S Division of Co				
SUBJE	CT:	Cros	swinds, LLC		
			ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please 1	return all corresp	ondence concerning this matter	to the following:		
Pamela Barwick					
			Name of Person		
			Crosswinds, LLC		
			Firm/Company		
17			344 SE Conch Bar Ave		
			Address	 	
Tequesta, FI 33469					
City/State and Zip Code					
			pam@barwick.us		
For furt	her information of	econcerning this matter, please c	to be used for future annual report not call:	mication)	
		eve Barwick	at (561)	512-9205	
	Name o	of Person	Area Code & Dayti	me Telephone Number	
Enclose	ed is a check for t	he following amount:		•	
√ \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		ration Section on of Corporations lox 6327	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crosswin	ds, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appea iability Company)	irs on our records	<u>i.</u>)		
·					
The Articles of Organization for this Limited Liability Company	were filed on	August 5, 20)09a	and assigned	
Florida document numberL09000075277					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :			
Crosswind	i, LLC				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Comp	oany," the designat	ion "LLC"	or the abbrevi	iation
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 off registered agent and/or the new registered office address here Name of New Registered Agent:		our records, <u>en</u>	ter the n	ame of the	<u>new</u>
Name of New Registered Agent.	· · · · · · · · ·			2	- ;
New Registered Office Address:				<u>8 11</u>	— <u>;</u>
	Ei	nter Florida stree	t ad Wests	5 [
	City	, Florid		n Gode	
New Registered Agent's Signature, if changing Registered Agent:	0.1. 9		ORI		مين چون
			DE A	.	`:
I hereby accept the appointment as registered agent and agre	e to act in this c	apacity. I furthe	er agree to	comply wit	th -

If Changing Registered Agent, Signature of New Registered Agent

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 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 Title Name **Address Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove __Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 Dated Signature of a member or authorized representative of a member Pamela J. Barwick Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00