

L10000021504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

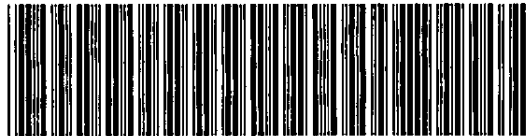
(Business Entity Name)

(Document Number)

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2015 OCT -5 PM 12:04
SECRETARY OF STATE
PALM BEACH, FLORIDA

N. Culligan OCT -7 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WIND2502, 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:

Sebastian Jaramillo

Name of Person

Jaramillo & Blaya PA

Firm/Company

66 W Flagler St Suite 500

Address

Miami, FL 33130

City/State and Zip Code

sebastian@lawjb.com

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

For further information concerning this matter, please call:

Sebastian Jaramillo

at (305) 600-3805

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

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jose Chaeer	5690 NW 99 Ave #3	<input type="checkbox"/> Add
		Doral, FL 33178	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Najib Nicolas	5690 NW 99 Ave #3	<input checked="" type="checkbox"/> Add
		Doral, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

2015 OCT -5 PM 12: 04

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STANDARD FORM NO. 64

E. Effective date, if other than the date of filing: 09/30/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


If the record 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 record is filed.

Dated September 30

2015

September 30, 2015

X  Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Najib Nicolas - Manager

Typed or printed name of signee