L10000021504

(Re	equestor's Name)		
(Ac	idress)		
(Ac	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
,			

Office Use Only



200277702522

10/05/15--01012--021 **25.00



COVER LETTER ...

TO:	Registration S Division of Co	
SUBJ	WIND250	2, LLC
5015	<u></u>	Name of Limited Liability Company
		Amendment and fee(s) are submitted for filing.
Please	return all corresp	ondence 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 fu	rther information	concerning this matter, please call:
Sebas	tian Jaramillo	305 600-3805
	Name	at () Of Person Area Code Daytime Telephone Number
Enclos	sed is a check for	the following amount:
	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

2015 OCT -5 PH 12: 04

SECRETARY OF STATE
MALLAHASSEE FLORIDA

WIND2502 LLC

(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L10000021504	Company were filed on 02/25/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	ristered office address on our records, <u>enter the name of the dress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	<u> </u>
	Enter Florida street address
	, Florida
	City Zin 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 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
AMBR	Jose Chaeer	5690 NW 99 Ave #3	□ Add
		Doral, FL 33178	Remove
			Change
MGR	Najib Nicolas	5690 NW 99 Ave #3	= Add
	•	Doral, FL 33178	Remove
		,	Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Change
			Add
			Remove
	,		☐ Change
	· 		□ Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

	ending any other information, enter					
	·					
				27 G	2016	
•			·		130	7
					ç,	i.
				والمن المناب	위 기:	\bigcirc
					104	
	, 	· · · · ·	· · · · · · · · · · · · · · · · · · ·		_	
• .				· · · · · · · · · · · · · · · · · · ·		
		09/30/2015		•		
(If an et <u>Note:</u>	tive date, if other than the date of filin fective date is listed, the date must be specific an If the date inserted in this block does not ment's effective date on the Department of	nd cannot be prior to date of filing meet the applicable statutory	(optional) g or more than 90 days after filing. y filing requirements, this date) Pursuant to 605.03	207 (3) as the	(b)
	cord specifies a delayed effective e 90th day after the record is filed		ive time, at 12:01 a.m.	on the earlier	of:	
Dated	September 30	2015				
		,				
	X Signature of the	a member of authorized represer	ntative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00