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B. BOSTICK

MAR - 5 2014

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Winds	ycity Holdings,	LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Jason B. Sh	ore	
		Name of Person	
	Windycity Ho	oldings, LLC	
		Firm/Company	
	818 Vassar	Street	
		Address	
	Orlando, FL	32804	(cb)
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifica	ution)
For further information co	oncerning this matter, please ca	ıll:	
Jason B. Sh	nore	407 _, 962-61	50
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for th	e 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

Windycity Holdings, LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)		_	
The Articles of Organization for this Limited Liability Comp	pany were filed on January 4, 2011		and as	signed
Florida document number L1100000949				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			•
		····		
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or	the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u></u>		Ç	
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Enter new mailing address, if applicable:			رنَ	F)
(Mailing address MAY BE A POST OFFICE BOX)			TJ	.=15
			4.7	7.33
			<u></u>	
B. If amending the registered agent and/or registere	ed office address on our records, <u>en</u>	ter the	name	of the
registered agent and/or the new registered office address	s here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	ı		
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** 5920 Lakebluff Drive #6 ■ Add Stuart Shore **MGR** Tinley Park, IL 60477 5920 Lakebluff Drive #6 Stuart Shore AMBR Tinley Park, IL 60477

<u> </u>	
he effective date must be specific, cannot be p	prior to date of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot be put the date this document is filed by the Florida E	prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Dated February 18	prior to date of receipt or filed date and cannot be more than 90 days after

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Filing Fee: \$25.00