

L11000051604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

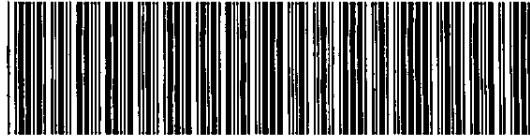
(Business Entity Name)

(Document Number)

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2015 DEC -3 PM 12:36
STATE PARTY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC -4 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Windward Insurance and Tax Service, 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:

Judy Karniewicz

Name of Person

The Karniewicz Law Group

Firm/Company

1406 W Fletcher Ave.

Address

Tampa, FL 33612

City/State and Zip Code

julie@tklg.net

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

For further information concerning this matter, please call:

Julie Richie

813 962-0747

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Windward Insurance and Tax Service, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 2, 2011 and assigned
Florida document number L11000051604.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 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.

N/A

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Nancy Wagers	6114 SW HWY 200	<input checked="" type="checkbox"/> Add
		Ocala, FL 34476	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Smith	Leave as one of the	<input type="checkbox"/> Add
		MGR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Smith	6114 SW HWY 200	<input type="checkbox"/> Add
		Ocala FL 34476	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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Please see page 3 for details, and Sunbiz.org

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

Please correct "Authorized Person(s) Detail"
to show:

Smith, Anthony Title: MGR
and/or plus)
Wagers, Nancy Title: MGR

Sunbiz.org shows Smith, Anthony as
MGR twice, it should be once and
Wagers, Nancy as the other MGR.

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STATE OF FLORIDA
TALLAHASSEE

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E. Effective date, if other than the date of filing: _____ (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 Dec. 1st, 2015



Signature of a member or authorized representative of a member

Anthony Smith

Typed or printed name of signee