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## **COVER LETTER**

Division of Corporations	
SUBJECT: Create the Wind, LLC  Name of Limited Liability Company	
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:	
Robin K. Schuster Name of Person	
Create the Wind, LLC	
	⊉c, ≥
2305 Janet Dr. Address	
Address	ASS.
St. Johns FL 32259 City/State and Zip Code	MILIANG 15 PM & 3
	53 6
F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	<b>'</b> .
Robin Schuster at (904) 662 - 04  Name of Person Area Code & Daytime Telephon	89
Name of Person Area Code & Daytime Telephon	e Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### **MAILING ADDRESS:**

TO:

Registration Section

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

Create the (Name of the Limited Liabile (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 11000 783</u>	Company were filed on 7-5		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		A A	
(Principal office address MUST BE A STREET ADD	DRESS)	TAS	
		SER 5	
Enter new mailing address, if applicable:		France Co	
(Mailing address MAY BE A POST OFFICE BOX)		DIN CO.	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ords, enter the name of the new	
Name of New Registered Agent:			
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 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
NGR	Craig Schuster	2305 Janet Dr. 5+. Johns, Fz 32259	Add Remove
	<u> </u>		Add Remove
	<del></del>		Add Remove
			Add Remove
<del></del>		· · · · · · · · · · · · · · · · · · ·	Addition of the last of the la
			SSRY 5 F
D. If amend	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary)	
			<del>_</del> _
Dated 4	ugust 12, ,20	<u> </u>	
	Robert Signature of a member of	or authorized representative of a member	
	Robin K. Sc.	hus ter r printed name of signee	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>

Page 2 of 2

Filing Fee: \$25.00