

L11000091884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900213494869

11/02/11--01023--002 **55.00

FILED
11 NOV -2 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 03 2011

EXAMINER

LAW OFFICES
IVAN A. GOMEZ, P.A.
COURVOISIER CENTRE II
601 BRICKELL KEY DRIVE • SUITE 507
MIAMI, FLORIDA 33131-2623
(305) 371-9213
TELECOPIER (305) 358-4658
WWW.IAGPATAXLAW.COM
E-MAIL: IAGPA@BELLSOUTH.NET

IVAN A. GOMEZ
BOARD CERTIFIED TAX ATTORNEY

October 31, 2011

FEDERAL EXPRESS NO. 8762-7182-7908

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Wind 3605, LLC
Document # L11000091884

FILED
11 NOV -2 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

We are enclosing herewith Articles of Amendment to Articles of Organization. In addition, a check in the sum of \$55.00 is enclosed for the following fees:

Filing fee	\$25.00
Certified Copy	\$30.00

Please file the original of the enclosed Articles of Amendment to Articles of Organization. Please return a certified copy to the attention of the undersigned.

In order to expedite the delivery of this certified copy to me, we have enclosed a Federal Express return envelope.

Your prompt attention to this matter is appreciated.

Very Truly Yours,



Ivan A. Gomez

IAG/al
FAWind 3606, LLC\Filing.L.01.frm
Enclosures

WIND 3605, LLC

(A Florida Limited Liability Company)

WIND 3606, LLC

Page 1 of 2

FILED
11 NOV -2 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

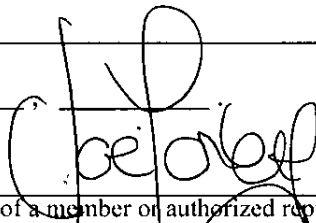
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

FILED
11 NOV -2 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 9/26/11



Signature of a member or authorized representative of a member

JOSE MARTINEZ, MANAGER

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00