

L/1000/44404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

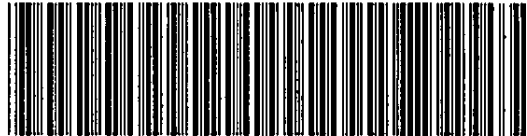
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR 18 AM 10:40

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K. SALY  
EXAMINER  
APR 20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WESTWINDS TI, 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:

PETER DONNANTUONI  
Name of Person

Firm/Company

15208 GULF BLVD SUITE 207  
Address

MADEIRA BEACH FL 33708  
City/State and Zip Code

PMD1037@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER DONNANTUONI at (727) 871-8111  
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**

WESTWINDS TI, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 12/27/2011 and assigned  
Florida document number L11000144404.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

15208 GULF BLVD

SUITE 207

MADEIRA BEACH FL 33708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15208 GULF BLVD

SUITE 207

MADEIRA BEACH FL 33708

**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:

New Registered Office Address:

15208 GULF BLVD SUITE 207

*Enter Florida street address*

MADEIRA BEACH, Florida 33708

*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.*

**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          | WESTWINDS TI  | 15208 GULF BLVD        | <input type="checkbox"/> Add               |
|              | HOLDINGS, LLC | SUITE 207              | <input type="checkbox"/> Remove            |
|              |               | MADEIRA BEACH FL 33708 | <input checked="" 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            |
|              |               |                        | <input type="checkbox"/> Add               |
|              |               |                        | <input 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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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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IDAHO

**E. Effective date, if other than the date of filing:** APRIL 15, 2016 (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 APRIL 15, 2016

Signature of a member or authorized representative of a member

PETER DONNANTUONI;

Typed or printed name of signee