#1/200022439

| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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ALLAHASSEE, TLOBIDA

K.SALY EXAMINER JUN 20 2012

COVER LETTER

| TO: | Registration Division of C | | | | |
|-----------|-------------------------------|---|--|--|--|
| SUBJEC | -т· | TAILWIND TRANSP | ORT & DISTRIBUTION | ON. LLC | |
| O BO E | - <u>-</u> | | ited Liability Company | | |
| | | | | | |
| The encl | osed Articles o | of Amendment and fee(s) are su | bmitted for filing. | | |
| Please re | eturn all corres | pondence concerning this matte | r to the following: | | |
| | | | | | |
| | | JULIO MOLINA | | | |
| | | | Name of Person | | |
| | | | JULIO MOLINA PA | | |
| | | | Firm/Company | | |
| | 2002 CURRY FORD RD | | | | |
| | | | Address | | |
| | | C | ORLANDO, FL . 32806 | | |
| | City/State and Zip Code | | | | |
| | | JULIOM E-mail address: (| OLINA @BELLSOUTH. to be used for future annual report | NET | |
| For furth | er information | concerning this matter, please of | | | |
| | | | | | |
| | | JLIO MOLINA of Person | at (<u>407</u>) Area Code & Da | 228-4757 | |
| | | | | | |
| Enclosed | l is a check for | the following amount: | | | |
| \$25.0 | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is encl | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Regis Divis P.O. 1 | LING 'ADDRESS: stration Section ion of Corporations Box 6327 nassee, FL 32314 | Registration S Division of Co Clifton Buildir | orporations | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARTICLES OF AMENDMENT | |
|---|---------------------|
| ТО | FILED! |
| ARTICLES OF ORGANIZATION OF | 12 JUN 18 PM . |
| TAILWIND TRANSPORT & DISTRIBUTION , | TALLAHARIL OF STATE |
| Name of the Limited Liability Company as it now appears on our re | ecords.) |

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ 02/15/2012 and assigned L12000022439 Florida document number 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 end with 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) Enter new mailing address, if applicable: (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: JULIO MOLINA Name of New Registered Agent: 2002 CURRY FORD RD New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action **MGRM** JULIA I TORRES 11841 HARTFORDSHIRE WAY ORLANDO,FL 32824 Remove ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 06-1/-1 Signature of a member or authorized representative of a member $J05 \stackrel{\checkmark}{=} \stackrel{\frown}{f}. \stackrel{\frown}{f} \stackrel{\frown}{E} \stackrel{\frown}{R} \stackrel{\frown}{L} 05$ Typed or printed name of signee

Filing Fee: \$25.00