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| (Requestor's Name) | | |
|---|------|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT I | MAIL | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE DIVISION OF CORPORATION

APR 3 0 2013

T. HAMPTON

COVER LETTÈR

| Division of Corporations |
|--|
| SUBJECT: WINDS HAM REALES HATE GROUP 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: |
| WILLIAM J PIERCE Name of Person |
| C/o Windstan Real Estate Group Firm/Company |
| 3149 Shoneline De |
| Cleanwater F/A 33740 City/State and Zip Code Billerce 3 C G MAI Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person |
| Enclosed is a check for the following amount: \$\int_{\text{S25.00 Filing Fee}} \text{\$\int_{\text{S30.00 Filing Fee}}} \text{\$\int_{\text{S55.00 Filing Fee}} \text{\$\int_{\text{S55.00 Filing Fee}}} \text{\$\int_{\text{Certified Copy}} \$\int |
| |

MAILING ADDRESS:

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

| | (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | C | |
|--------------------|---|-------------------------------------|--|
| | (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | |
| The Art | ticles of Organization for this Limited Liability Company were filed on 4/24/13. a document number 120001/1194. | and assigned | |
| | mendment is submitted to amend the following: | SECRET DIVISION O | |
| | amending name, enter the new name of the limited liability company here: | FILED ARY OF F CORPO | |
| The new "L.L.C. | w name must be distinguishable and end with the words "Limited Liability Company," the designation." | n "LLC" of the aboreviation | |
| Enter | new principal offices address, if applicable: | | |
| (Princi | ipal office address MUST BE A STREET ADDRESS) | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| Enter : | new mailing address, if applicable: | | |
| | ng address MAY BE A POST OFFICE BOX) | | |
| \$ 1.5 t | | | |
| B. If | amending the registered agent and/or registered office address on our records, <u>entered agent and/or the new registered office address here</u> : | er the name of the new | |
| 3 p. | Name of New Registered Agent: | | |
| | New Registered Office Address: Enter Florida street | address | |
| | | ACTION OF THE PARTY OF THE PARTY OF | |
| | , 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 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 **Title Name Address Type of Action** Steven Johnson ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2013 Dated Signature of a member or authorized representative of a member Vierce
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00