

212000121107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

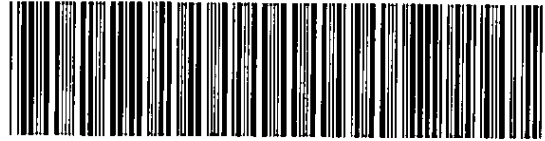
(Business Entity Name)

(Document Number)

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PAID
SEP 11 2019

2019 SEP 10 AM 9:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRADEWINDS 110, 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:

PAM MCKINNEY CPA

Name of Person

SUMMIT QUEST INC

Firm/Company

3433 E GULF TO LAKE HWY

Address

INVERNESS, FL 34453

City/State and Zip Code

PAMMCKINNEYUS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAM MCKINNEY

352 584-1498

Name of Person

at (_____) _____
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

2019 SEP 10 AM 9:41

TRADEWINDS 110, LLC

(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 09/21/2012 and assigned
Florida document number L12000121107.

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:

C/O ANTONIUS VAN USEN

(Principal office address MUST BE A STREET ADDRESS)

5085 E ROSEHILL DR

FLORAL CITY, FL 34436

Enter new mailing address, if applicable:

C/O AGNES W.M. REULEN, LLC

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 1236

HERNANDO, FL 34441

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:

ASMA & ASMA, PA

New Registered Office Address:

884 S DILLARD ST

Enter Florida street address

WINTER GARDEN

City

Florida 34787

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	PETRUS J GROENENDIJK	PO BOX 1089	<input type="checkbox"/> Add
		INTERCESSION CITY, FL 33848	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DHAEZE USA INC	C/O AGNES W.M. REULEN LLC	<input type="checkbox"/> Add
		PO BOX 1236	<input type="checkbox"/> Remove
		HERNANDO, FL 34441	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 August 20

2019

POA
Signature of a member or authorized representative of a member

Agnes W. M. Frenlow, PDA
Typed or printed name of signer