

L12000128160

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 DEC 12 PM 1:36

C. LEWIS
DEC 13 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIDEWINDERS, 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 VOIGT
Name of Person

SIDEWINDERS, LLC
Firm/Company

646 BROADOAK LOOP
Address

SANFORD, FL 32771
City/State and Zip Code

Peter@orlandamanager.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER VOIGT at (407) 618-0030
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2012 DEC 12 PM 1:37

SIOEWINDERS, 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 October 8, 2012 and assigned Florida document number L12000128160.

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 Changing Registered Agent, Signature of New Registered Agent

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:

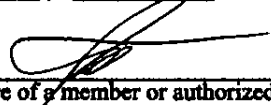
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>KEVIN ZAKRZEWSKI</u>	<u>2849 Egrets Landing Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Mary Fl 32746</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>ANGELA ZAKRZEWSKI</u>	<u>2849 Egrets Landing Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Lake Mary Fl 32746</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>ABBEY VOLOT</u>	<u>646 BROADWAY Loop</u>	<input checked="" type="checkbox"/> Add
		<u>SANFORD, FL 32771</u>	<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.)

2012 DEC 12 PM 1:37

Dated 12-7, 20012.



Signature of a member or authorized representative of a member

Peter Voigt

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00