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MAR 20 2013 J. BRYAIN

COVER LETTER

TO:

1

Registration Section Division of Corporations

SUBJECT: Tailwinds DeLand CC-RJ, 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:

Thomas V. Infantino

Name of Person

Infantino and Berman

Firm/Company

P. O. Box 30

Address

Winter Park, FL 32790

City/State and Zip Code

iblaw4673@aol.com

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

For further information concerning this matter, please call:

Thomas V. Infantino

at (407)644-4673

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

TAILWINDS DELAND CC-RJ, 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	ity Company were filed on March 5	, 2013 and assigned
Florida document number L 13000033859		
This amendment is submitted to amend the following	ıg:	TALLAHASSET TO BE THE SECOND OF THE SECOND O
A. If amending name, enter the new name of the	limited liability company here:	到多了
TAILWINDS DELAND CC, LLC		Total of M
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	e designation "LLC" of the abbreviation
Enter new principal offices address, if applicable	:	STATE FORTION
(Principal office address MUST BE A STREET A	DDRESS)	y
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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 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> <u>Address</u> Type of Action Add Remove Remove Remove

D. If amen	ding any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
Dated Ma	rch 18	2013
	Type	V- Stantar
	Signati	ure of a member or authorized representative of a member
	─₹homas V. Infant	tino
		Typed or printed name of signee

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Filing Fee: \$25.00

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