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COVER LETTER

TO: Registration Secti Division of Corpo	
SUBJECT:	Windward Logistics, LLC Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Elizabeth Lao Name of Person
	SM69 Law Firm/Company
	· · · · · · · · · · · · · · · · · · ·
	201 Alhambra Circle Ste 1205
	Coral Gables, FL 33134 City/State and Zip Code
;	E-mail address: (to be used to future annual report notification)
For further information cond	cerning this matter, please call:
_ Elizabett	at (305) 377-1000 Area Code Daytime Telephone Number
Enclosed is a check for the t	following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

WINDWARD LOGISTICS, 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 Liabil Florida document number L13000040233	ity Company were filed on August 12, 2014	and	l assign	ed
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the designation "LLC" or the	abbreviati	on "L.L.(2."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)	78.42.		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>ente</u> address here:	r the na	14 838	the new
New Registered Office Address:		· ·	20	
	Enter Florida street address		Ī	
_	, Florida		ų.	
	Сиу	Zip C	ode -	

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

MGR = Manager

AMBR = Authorized Member Title **Name Address** Type of Action JORGE A. ORIA MGR 201 ALBAMBRA CIR, STE. 1205 CORAL GABLES, FL 33134 **■** Remove **CARLOS RICE** MGR 201 ALBAMBRA CIR, STE. 1205 **■** Add CORAL GABLES, FL 33134 ☐ Remove □ Add □ Remove □ Add ☐ Remove _□ Add _□ Remove

D. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
·	
· · · · · · · · · · · · · · · · · · ·	
. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated August 12	2014
Signature of a me	ember or authorized representative of a member
CARLOS RICE, Mana	nar
o, a teo i troe, mana	igei