L13000062684

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From:

Account Name : IP ACCOUNTING GROUP & BUSINESS CONSULTANTS
Account Number : I20170000038
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Fax Number : (305)324-4959

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WINDFALL STRATEGIC INVESTMENTS, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINDFALL STRATEGIC INVESTMENTS, 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:

IL BUNSTER
Name of Person

IL BUNSTER & ASSOCIATES, PA
Firm/Company

199 SW 12TH AVENUE, SUITE 4
Address

MIAMI, FL 33130
City/State and Zip Code

IPATAXGROUP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IL BUNSTER at (305) 324-2248
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WINDFALL STRATEGIC INVESTMENTS, 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 _____ and assigned Florida document number L13000012684.

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:
(Principal office address MUST BE A STREET ADDRESS)

10889 NW 17TH STREET
SUITE 149
DORAL, FL 33172

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10889 NW 17TH STREET
SUITE 149
DORAL, FL 33172

FILED
2024 MAR -7 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FL

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 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 [illegible] person(s) [illegible], state the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGMR	WINDFALL ENTERPRISES LTD.	C/O 199 SW 12th Avenue, Suite 4	☐Add
		Miami, Fl 33130	☒Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

ARTICLE II

The street address of the principal office of the Limited Liability Company shall read as follow:

10889 NW 17th Street, Suite 149, Doral, Fl 33172

The mailing address of the Limited Liabilty Company shall read as follow

10889 NW 17th Street, Suite 149, Doral, Fl 33172

ARTICLE V

The name and Address of managing members/managers shall read as follow;

MGMR: MARIANELA D SARMIENTO, Located at 10889 NW 17th Street, Suite 149

Doral, Fl 33172

MGMR: ANDREA C GONZALEZ, Located at 10889 NW 17th Street, Suite 149

Doral, Fl 33172

E. Effective date, if other than the date of filing: March 6, 2024 (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 March 6, 2024

Signature of a member or authorized representative of a member

MARIANELA D SARMIENTO
Typed or printed name of signee

Filing Fee: $25.00