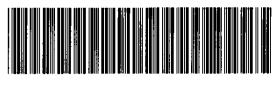
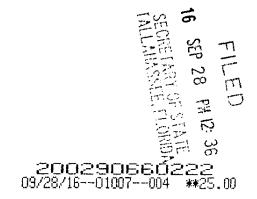
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(F	Requestor's Name)	
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D. SCOTT SEP 3 0 2015

COVER LETTER

	Registration Se Division of Cor				
SUBJEC	Windward	Holdings, LLC			
SUBJEC		Name of Lim	ited Liability Company	·	
The enclo	sed Articles of	Amendment and fec(s) are sub	emitted for filing.		
Please reti	urn all correspo	ondence concerning this matter	to the following:		
		J. David Harper, III			
			Name of Person		
		Harper Forensic CPAs			
		·	Firm/Company		
		2358 Drew Street			
			Address		_
		Clearwater/FL 33765			SECTION S
			City/State and Zip Code		題智工
D 0 1			to be used for future annual report notif	fication)	SEP 28 PH 12: 36 SEP 28 PH 12: 36 LANKSSEE, FLORIUM
		oncerning this matter, please ca	all:		SI P
J. David I	Harper, III		727 726-3600 at ()		를류 용
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed i	is a check for th	ne following amount:			
\$25.00	9 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Windward Holdings, LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on April 22, 2013 and assigned
Florida document number L13000058293	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here;
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the nederess here:
Name of New Desistant Asset	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Register	ed 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>	Name	Address	Type of Action
AMBR	Nathan Brown	2201 NE Coachman Road	Add
		Suite 201	□ Remove
		Clearwater, FL 33765 US	☐ Change
			Add
		···	□ Remove
			☐ Change
		·	□ Add
			□ Remove
			☐ Change
 			□ Add
			Remove Finance Ghamge
			Add Conference
			☐ Change
			□ Add
			□ Remove
			Change

			•							
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