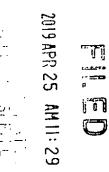
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(Req	uestor's Name)
bbA)	ess)
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PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Doc	ıment Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ling Officer:
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C. GOLDEN MAY - 4 2019

COVER LETTER

	ration Secton of Corp.				
SUBJECT:		Tradewind Name of Lin	Properties, LIC		
		Name of Lin	nited Liability Company	<u></u>	
The enclosed A	rticles of A	mendment and fee(s) are sub	bmitted for filing.		
Please return all	Correspond	ence concerning this matter	r to the following:		
		Mary Tradewike	Siasexts Name of Person Property LI Firm/Company	- <u>C</u>	
		2300 Tall f Lago FL Mary@myflori	Pines Drive Su Address	ik 150)
		lago FL	3377/		
		Masu Chan Chan	City/State and Zip Code	, -	
		E-mail address:	to be used for future annual r	report notificat	ion)
For further infor	rmation con	perning this matter, please c		•	
Jusia	Comp	256 erson	at (_Ol \(\)	716.	0844
	Name of P	erson	Area Code	Daytime Te	lephone Númber
Enclosed is a ch	eck for the	following amount:			
□ \$25.00 Filin	ig 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)
	Registrati Division (P.O. Box	G ADDRESS: on Section of Corporations 6327 ce. FL 32314	Registratio Division o Clifton Bu	on Section of Corporatio	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

<u> </u>	<u>.</u>
Tradewind Properties	2019 APR 25 AM 11:
(Name of the Limited Liability Compar (A Florida Limited I.	y as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company	The state of the state of the
	were filed on \(\frac{\darksig}{\lambda \lambda \lambd
Florida document numbe <u>L-13000 1532 y</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
he new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	2300 Tall Pines Drive Suite 150 Lago FL 33711
Principal office address MUST BE A STREET ADDRESS)	Suite 150
	Lago FL 33711
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>enter the name of the new</u>
Num Basistan JOST - A II	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
iew Registered Agent's S gnature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete p ecept the obligations of my position as registered agent as pr eing filed to merely reflect a change in the registered office a ompany has been notified in writing of this change.	verformance of my duties, and Lam familiar with and voiled for in Chapter 605, F.S. Or, if this document is
If Chang	ing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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> <u>Name</u> **Address** Type of Action Jessica Martin MGRM _□ Add 10792 1072 Pl N. Maple Grove Remove Mn 55369 __ Change _□ Add _□ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change

m, vii	r information, enter change(s) here: (Attach additional sheets, if necessary.)
If the date insert	r than the date of filing:
ecord specifies e 90th day aft	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the record is filed.
d <u> </u>	Signature of a member or authorized representative of a member
	Brands Martin Typed or printed name of signee

Filing Fee: \$25.00