113000129335

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/24/17--01030--026 **25.00

2017 AUG 22 AH II: 30

A. HARRIS

COVER LETTER

то:	Registration Sec Division of Corp						
C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		D GROUP LLC					
SUBJE	CCT:		ited Liability Company				
The end	:losed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please i	return all correspon	dence concerning this matter	to the following:				
		MICHELLY FERREIRA					
			Name of Person				
		CAMPANA GROUPS INC	C				
			Firm/Company				
		15510 ASPEN HILLS LA	NE # 1212				
		Address					
		CHARLOTTE, NC - 2827	7				
			City/State and Zip Code				
		MICHELLY@CAMPANA					
			to be used for future annual report notifi	cation)			
For furt	her information cor	ncerning this matter, please ca	all:				
МІСНІ	ELLY FERREIRA		954 228-0706 at ()				
	Name of I	Person	Area Code Daytime	Telephone Number			
Enclose	ed 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:

TO:

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 Taliahassee, FL 32301



July 27, 2017

MICHELLY FERREIRA CAMPANA GROUPS INC 15510 ASPEN HILLS LANE #1212 CHARLOTTE, NC 28277

SUBJECT: DOWNWIND GROUP, LLC

Ref. Number: L13000129335

We have received your document for DOWNWIND GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 2 IS MISSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00015161

2017 AUG 22 PRI 12; 5 SECHT PARTASSEL, FLORING TALL ANTASSEL, FLORING

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOWNWIND GROUP LLC			
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records,)	
The Articles of Organization for this Limited I Florida document number 1.13000129335	iability Company were filed on 09/1	2/2013 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited fiability company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LEC" or the abbreviation "L L C."	_
Enter new principal offices address, if appli	cable:	<u> </u>	_
Principal office address MUST BE A STRE	ET ADDRESS)	7 P	<u> T</u>
	*·	\$55.5. 22	
Enter new mailing address, if applicable:		<u> </u>	; 1 ; →
Mailing address MAY BE A POST OFFICE	<u></u>	- <u> </u>	_
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the	new
Name of New Registered Agent:	MARCIO BARBERO		_
New Registered Office Address:	200 SUNNY ISLES BLVD APT 2	-503	
	Enter Flori	la street address	_
	SUNNY ISLES BEACH	, Florida 33160	
	City	Zıp 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

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>	Name	Address	Type of Action
MGR	MARCIO JOSE BARBERO	200 SUNNY ISLES BLVD	
		APT 2-503 -SUNNY ISLES BCH	Remove
		FLORIDA - 33160	☐ Change
			_D Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			∩ Add
			☐ Remove
			☐ Change
			Remove G Change
		<u> </u>	
			Add Add Remove
			□ Change

Effective date, if other than the date of filing: (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 605.07 Make: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date and the department of State's records. Dated JUNE 24TH 2017 Signature of a member or authorized representative of a member MARCIO BARBERO								-
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Filing Fee: \$25.00

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