## K13000131486

(Requestor's Name)
(Requestors reame)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Elling Officer
Special Instructions to Filing Officer:

Office Use Only





200391164862

E7.19.22--00017--014 \*\*25.00

2022 JUL 19 AM 10: 55

## **COVER LETTER**

	Registration Se Division of Cor			
eun III e		G ON THE BEACH LLC		
SUBJEC	:T:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	•	
		KATHRYN C HELMUS		
		-	Name of Person	<del></del> -
		WINDSONG ON THE BL	EACH LLC	
Firm/Company				
		PO BOX 5105		78 78
			Address	
		LARGO, FL 33779		2022 JUL 19 AM 10: 56 SEGNEJARY DE STATE TATEL VALVESTE DE L'ADRIG
			City/State and Zip Code	ात्र व्रा
		khelmus@verizon.net	to be used for future annual report notification)	—
For furth	er information c	oncerning this matter, please c		9 AM IO: 56
KATHR	YN C HELMUS	;	727 638-4977 at ()_	
	Name o	f Person	Area Code Daytime Telephone Nu	ımber
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed: Certified Copy	00 Filing Fee, nificate of Status & tified Copy itional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section	
	Division of C	Corporations	Division of Corporations	
	P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINDSONG ON THE BEACH LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our inited Liability Company)	records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on <u>09/16/2013</u>	and assigned
Florida document number 1.13000131486	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
		22
Enter new mailing address, if applicable:		25 5
(Mailing address MAY BE A POST OFFICE BOX)		
		25. 5
B. If amending the registered agent and/or registered of	office address on our records, <u>c</u>	~ ~ ~
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	nddress
		_, 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 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
MGR	BRETT MICHAEL HELMUS	PO BOX 5105, LARGO, FL 33779	□Adđ
			■Remove
			□ Change
			□Remove
			TS DOMinge
			To Remove
			GChange
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			Change
			□Remove
			Change

					<u> </u>	<del></del>	
<del></del>							
		. <u> </u>					
				=		-1.	
						70 70	2022 JUL 19
		<del></del>	<del></del>			25 20 25	<u> </u>
		_				7.75 7.75 7.75	9
						71	
						10 to	्रम् जू
	·	_					_ <b></b>
		<u> </u>					<del></del>
				<del></del>			
ffective date, if other th	an the date of	filing:			(optional)		
an effective date is listed, the lote: If the date inserted in	i this block does.	not meet the app	licable statutory	or more than 90 day filing requiremen	s after filing.) ts, this date w	Pursuant to vill not be	605.020 listed as
ocument's effective date o	n the Departmen	t of State's recor	ds.				
record specifies a delayed	effective date. bi	u not an effective	etime at 12:01 a	m on the carlier	af (b) Tha	UOsh day	ation this
I is filed.	and and	nov un errecure	. viiie, at 12.01 a	.m. on the carrier	or. (6) The	oun day	aner me
ated		2022					
	,_/		·				
ated	(/	_					

Filing Fee: \$25.00

Typed or printed name of signee