Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090

Phone : (305)670-1991

Fax Number

: (305)670-1993

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEEWIND PROPERTIES LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LEEWIND PROPERTIES LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L13000139915</u> | were filed on FLORIDA | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | 20 PM |
| The new name must be distinguishable and end with the words "Limited Liab | ility Company," the designation "LLC" or | the abbreviation "L.L.O." |
| Enter new principal offices address, if applicable: | 9130 S DADELAND BLVD | STE 1509 CO |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI, FLORIDA, 33156 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | 102 |
| Enter new mailing address, if applicable: | 9130 S DADELAND BLVD, | A STE 1509 |
| (Mailing address MAY BE A POST OFFICE BOX) | MIAMI, FLORIDA, 33156 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on our records, <u>en</u> | ter the name of the nev |
| 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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

3056701993

| Title | Name | Address | Type of Action |
|-------------|-------------------------|--------------------------------|----------------------|
| MGR | RAMPONI, MARIA A | 2750 NE 185TH STREET, STE 202 | |
| | | AVENTURA, FL 33180 | ■ Remove |
| MGR | G & G management US IIc | 9130 S DADELAND BLVD, STE 1509 | ∧dd , |
| | | MIAMI, FLORIDA, 33156 | Remove |
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| the date this document is filed by the Florida) | prior to date of receipt or filed date and cannot be more the Department of State) | (optional) an 90 days after | | |
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