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 : 120080000090

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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Page Count	01
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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 (A Florida	y Company as it new appears on our record Limited Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Co Florida document number L13000139915	ompany were filed on 10/03/2013		_ and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	led linbility company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" ar the ubbre	viation "L.L.	C."
Enter new principal offices address, if applicable:	·			
(Principal office address MUST BE A STREET ADDRE	ESS)			
Enter new mailing address, if applicable:			17	
(Mailing address MAY BE A POST OFFICE BOX)			-5.	
		SS	27	S 48
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		s, enter the		t*;
		9.5	2	· `.
Name of New Registered Agent:			NO.	
New Registered Office Address:	Enter Florida street address			
	v	rida		
	City , F10		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

To:

Fax: (850) 617-6383

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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	G & G MANAGEMENT US LLC	9130 S DADELAND BLVD	
		STE 1509	■ Remove
		MIAMI FL, 33156	☐ Change
MGR	MARIA ANGELICA RAMPONI	2750 NE 185 ST	⊟ ∧dd
		SUITE 202	□ P
		AVENTURA, FL 33180	
MGR	ABEL ANTONIO DOMENECH	2750 NE 185 ST	☐ Change
		SUITE 202	□ Remove
		AVENTURA, FL 33180	Change
			□ Add
			See Officerove
			⊒Ždd
			DRemove
			☐ Change
			□ Remove
			Change

Fax: (305) 870-1991

To:

Fax: (850) 617-6383

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e record specifies a delayed of The 90th day after the recor	effective dated da	e, but not	an effecti	ve time, at	12:01 a.	m. on t	ine ea	rlier o
MARCH 24		2017	•					
	مسر بعدد اسم حری از معترف معترف میرود	PSF: 1000 1 1000						

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Filing Fee: \$25.00