L13000141556

(Requestor's Name)	
(Address)	900358113569
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	01/15/2101011009 **25.00
(Document Number)	
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2/22/21

COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations			
PRO TOZEE.		Acquisitions LLC			
SUBJECT:		Name of Lim	nted Liability Company		
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		Tina N. Day			
			Name of Person		
			Firm/Company		
		1260 Neck Road			
			Address		
		Ponte Vedra Beach, FL 32	004		
		tina@freedompropertieslle.	City/State and Zip Code com		
		E-mail address: (to be used for future annual repor	t notification)	
For further in	iformation c	oncerning this matter, please c	all:		
Ruth McDor			904 280-557 at ()		
	Name o	f Person	Area Code Da	sytime Telephone Number	
Enclosed is a	cheek for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Addres		
Registration Section Division of Corporations			Registration Section Division of Corporations		
). Box 632			of Tallahassee	
Tal	lahassee, I	FL 32314	2415 N. Mc	onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Windsock Acquisitions LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/08/2013	and assigned
lorida document number 1.13000141586		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		02)
nter new mailing address, if applicable:		- 5 -
Mailing address MAY BE A POST OFFICE BOX)	Enter Florida street address Efforida	, T
		3 0
If amending the registered agent and/or registered offic gent and/or the new registered office address here:	ee address on our records, <u>enter th</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	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
AMBR	Tina N. Day	1260 Neck Road	
		Ponte Vedra Beach, FL 32082	□Remove
			= Change
MGRM	Thomas S. Kammerdiener	605 Boardwalk Drive	□Add
		Unit 314	= 0
		Ponte Vedra Beach, FL 32082	□Change
			DRemover 155
			Echange
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00