L13000 141586

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





000385530120

04/11/22--01051--021 **25.00

T. MATTHEWS APR 2 8 2022

COVER LETTER

TO: Registration Section

Div	ision of Co	rporations				
end leær.		Acquisitions LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Tina N. Day				
			Name of Person			
			Firm/Company			
		1260 Neck Road				
			Address	· · · · · · · · · · · · · · · · · · ·		
		Ponte Vedra Beach, FL 32	082			
		tina@freedompropertiesHc.	City/State and Zip Code			
			to be used for future annual report n	otification)		
For further in	iformation c	oncerning this matter, please c	•			
Ruth K. McDonald			904 280-5575 at ()			
	Name o	f Person	at ()	ime Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25,00 F	iling 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)		
	ling Addres		Street Address:			
Registration Section Division of Corporations			Registration Section			
	Box 632		Division of Corporations The Centre of Tallahassee			
	lahassee, I			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Windsock Acquisitions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/08/2013 _____ and assigned Florida document number L130000141586 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	-
			= Change
AMBR	Joseph C. Gill	P.O. Box 3104	= Add
		Ponte Vedra Beach FL 32004	□Remove
			□Change
			□Add
		-	□Remove
			□Change
			🖸 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Changa

		**				
			-		.	
					.	
						
						
			<u> </u>			
					.	
		<u>-</u>				
		, ·	<u> </u>		-	
					<u>, </u>	
		<u> </u>			-10	
E. Effect	tive date, if other	than the date of f	āling:		(ontions	ls
:Note:	fective date is listed, the If the date inserted nent's effective date	in this block does r	not meet the applic	cable statutory filing	e than 90 days after fili requirements, this da	l) ig.) Pursuant to 605,0207 (3)(to will not be listed as the
f the recor	rd specifies a delaye iled.	d effective date, but	t not an effective ti	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated	CIPRIL	1		·		

Typed or printed name of signee