

L14000037936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

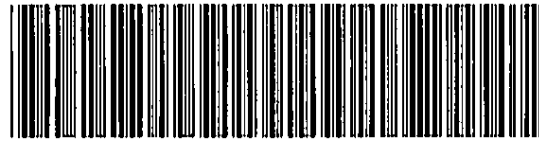
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2022 AUG 15 PM 4: 10  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2022

JOHN SCHMIDLER  
11451 VENETIAN LAGOON DRIVE  
FORT MYERS, FL 33913

AUG 15 2022

SUBJECT: TAILWIND LEADERSHIP, LLC.  
Ref. Number: L14000037936

We have received your document for TAILWIND LEADERSHIP, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If amending authorized person(s) authorized to manage you must enter the title, name, and address of each person being added or removed from our records. Please complete the highlighted portion of the enclosed form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 922A00016341

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*I am so sorry I missed that information.*

*Please see the attached w/ the highlighted sheet updated*

*Thank you,*

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tailwind Leadership, LLC - L14000037936  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

John Schmidler  
Name of Person

Firm/Company

11451 venetian Lagoon Drive  
Address

Fort Myers, FL 33913  
City/State and Zip Code

johnschmidler@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLHASSEE, FL

For further information concerning this matter, please call:

John Schmidler at ( 317 ) 696-3478  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing 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)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TAILWIND LEADERSHIP, 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 03/06/2014 and assigned  
Florida document number L14000037936.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Same name only a change to manager

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

John Schmidler

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**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*

\_\_\_\_\_, 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.*

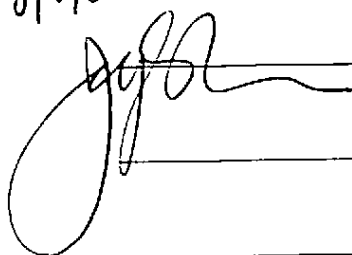
\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Cindy Schmidler	11451 Venetian Lagoon Dr	<input type="checkbox"/> Add
		Ft Myers, FL 33913	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Schmidler	11451 Venetian Lagoon Dr	<input checked="" type="checkbox"/> Add
		Ft. Myers, FL 33913	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

Updated 8/2/07  


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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I want to remove Cindy Schmidler as the manager (retiring) and replace with John Schmidler as manager + registered agent.

Thank you

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

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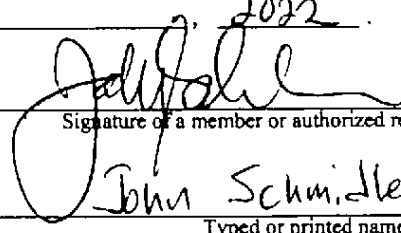
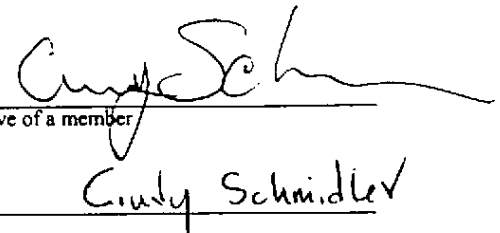
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 14, 2022

   
Signature of a member or authorized representative of a member  
John Schmidler Cindy Schmidler  
Typed or printed name of signee