

L14000082478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

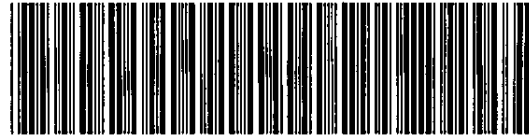
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/31/14--01016--001 **25.00

July 28, 2014

Dear Sir or Madam,

I would like to correct the Member and the Manager of the Green Wind LLC (Florida document number L14000082438).

The correct Manager and Member are:

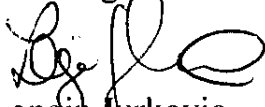
Title: MGR (Manager)
Longin Jurkovic
2870 Peachtree Road # 287
Atlanta, GA 30305 US

Title: AMBR (Member)
SUNWESTTRUST, INC FBO Longin Jurkovic IRA#201208167
2870 Peachtree Road # 287
Atlanta, GA 30305 US

Also included in the documentation is the resignation of Presidential Services Inc., the incorporator, from being a member of the LLC.

Please contact me at 678-952-7340 ext 303 if you have any questions.

Best Regards



Longin Jurkovic

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Green Wind LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

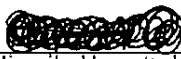
Please return all correspondence concerning this matter to the following:

Longin Jurkovic
Name of Person

Green Wind LLC
Firm/Company

2870 Pegchtree Road, Suite 287
Address

Atlanta, GA 30305
City/State and Zip Code

 SUNBIZ@IMPACT-TECHNOLOGY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Longin Jurkovic at (678) 952-7340 ext. 303
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**APPROVAL OF SUBSTITUTION AS MANAGERS AND
RELINQUISHMENT OF MEMBERSHIP RIGHTS**

Presidential Services Inc. and Bob Lambert, being all of the original and current Members of **GREEN WIND LLC**, hereby approve and consent to the admission of **SUNWESTTRUST, INC FBO Longin Jurkovic IRA#20120816, , ,** as Manager(s) in full standing into the **GREEN WIND LLC**

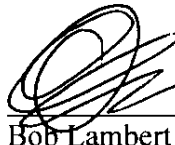
Further, Presidential Services Inc. and Bob Lambert do hereby transfer all their rights, title and interest in **GREEN WIND LLC**, to **SUNWESTTRUST, INC FBO Longin Jurkovic IRA#20120816, , ,** and do hereby withdraw from membership in **GREEN WIND LLC** and relinquish any and all rights of membership in said Limited Liability Company

DATED THIS May 21, 2014.

PRESIDENTIAL SERVICES, INC.



Bob Lambert, President



Bob Lambert

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

GREEN WIND 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 5/21/2014 and assigned
Florida document number L14000082438

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Sunwesttrust Inc. FBO Longin Jurkovic IRA #		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

MGR.	Longin Jurkovic	2870 Peachtree Rd. #287 Atlanta, GA 30305	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

AMBR	Sunwesttrust Inc. FBO Longin Jurkovic IRA #201208167	2870 Peachtree Rd. #287 Atlanta, GA 30305	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 24, 2014



Signature of a member or authorized representative of a member

Longin Jurkovic

Typed or printed name of signee