

L150000 22160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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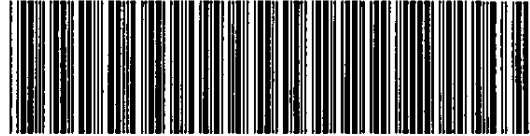
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP -8

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Leeward Partners 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:

~~Charles McElveen~~ Charles McElveen

Name of Person

Leeward Partners LLC

Firm/Company

1165 N. Clark St., #305

Address

Chicago, IL 60610

City/State and Zip Code

eric@leewardpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Worley

Name of Person

at (847)

Area Code

644-6552

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Leeward Partners

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/5/2016 and assigned
Florida document number L15060022160.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1165 N. Clark St., #305
Chicago, IL 60610

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1165 N. Clark St., #305
Chicago, IL 60610

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:

THRELKELD & CETRANGELO, P.A.

New Registered Office Address:

2272 Airport Rd. S., Ste. 101

Enter Florida street address

Naples

City

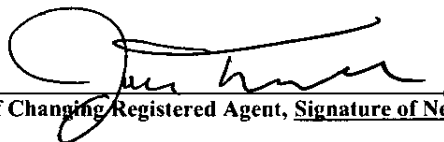
Florida

34112

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>
AMBR	Ethan Altaratz	XXXXXXXXXXXXXXXXXXXX	<input type="checkbox"/> Add
		XXXXXXXXXXXXXXXXXXXX	<input checked="" type="checkbox"/> Remove
		5158 N. Tamiami Trail, 205 Naples, FL 34103	<input type="checkbox"/> Change
AMBR	Charles McElveen	1165 N. Clark St, #305	<input checked="" type="checkbox"/> Add
		Chicago, IL 60610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Donald Eric Worley	387 Scraggy Neck Rd.	<input type="checkbox"/> Add
		Cataumet, MA 02534	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

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

8/31

2016

Signature of a member or authorized representative of a member

Ethen Alkylatz

Typed or printed name of signee