

# L15000079309

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

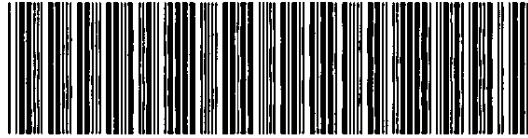
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2015 MAY 19 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. G. Gifford MAY 20 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SILVER WIND INVESTMENTS 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:

THAMARA PEREZ

Name of Person

TABADESA ASSOCIATES

Firm/Company

419 W 49TH ST, STE-111

Address

HIALEAH, FL 33012

City/State and Zip Code

TAMMYP@TABADESA.COM

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

For further information concerning this matter, please call:

THAMARA PEREZ

305 558-0622  
at ( )

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

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

FILED  
2015 MAY 19 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SILVER WIND INVESTMENTS 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 05/05/2015 and assigned  
Florida document number L15000079309.

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) \_\_\_\_\_

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:

OSVALDO D VELA ORTEGA

New Registered Office Address:

9066 SW 73RD CT, APT 407

*Enter Florida street address*

MIAMI

, Florida 33156

*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	OSVALDO VELA ORTEGA	9066 SW 73RD STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BARBARA E CUESTA CORREA	9066 SW 73RD STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	OSWALDO VELA ORTEGA	9066 SW 73RD ST	<input type="checkbox"/> Add
		MIAMI, FL 33156	<input checked="" type="checkbox"/> Remove
		NAME SPELLED WRONG	<input type="checkbox"/> Change
MGR	BARBARA E CUESTA CORRER.	9066 SW 73RD CT	<input type="checkbox"/> Add
		MIAMI, FL 33156	<input checked="" type="checkbox"/> Remove
		NAME SPELLED WRONG	<input 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

ALLAHSDEN

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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)

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 15, 195

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

OSVALDO D VELA ORTEGA

Typed or printed name of signee