# 15000143942

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| Certified Copies          | Certificates       | s of Status |
| Special Instructions to F | iling Officer:     |             |
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### **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: WINDSPAN CONSUTING 6 DOUP UC 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:   |
| WILLIAM SPECITS  Name of Person   |
| WINDSTAN CONSULTING Group UC<br>Firm/Company  |
| 2374 WALNUTHEIGHTS RD<br>Address  |
| APOPICA, FL 32703 City/State and Zip Code   |
| WIN 6 SPAN CON SULT & 6MALL COM  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| WWAM SPECIT at (224) 500 9734  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee,  Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed)  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

| ARTICLES OF ORGANIZATION OF   | FILED                |
|---|----------------------|
| (Name of the Limited Liability Company as it now appears on our records.  (A Florida Limited Liability Company) | 20.                  |
| (Name of the Limited Liability Company as it now appears on our records.  (A Florida Limited Liability Company) | WALLAHASSEE, FLORID. |
| Aller Aller Andrews Commencer Class Aller Andrews 21  | 7.0/\                |

The Articles of Organization for this Limited Liability Company were filed on Hugust Florida document number <u>L15000143942</u>.

This amendment is submitted to amend the following:

| A. | If amending | z name. | enter the n | ew name | of the | limited 1 | iability | company j | here |
|----|-------------|---------|-------------|---------|--------|-----------|----------|-----------|------|
|    |             |         |             |         |        |           |          |           |      |

| The new manie mean be disculgulation and contain the words. Elithos Elite | ility Company," the designation "LLC" or the | e 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:                                 | 2347 WALLUT HE                               | CHITS ROL                   |
| (Mailing address MAY BE A POST OFFICE BOX)                                | 2347 WALLUT HEL<br>APOPKA FL 32703           | ·                           |
|   | . Man address on our records ant             | au tha manna a <b>f</b> tha |
|   |  | er the name of the          |
|   |  | er the name of the          |
| registered agent and/or the new registered office address he              |  | er the name of the          |
| registered agent and/or the new registered office address here            |  | er the name of the          |
| registered agent and/or the new registered office address here            | œ:   | Ziv 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> | Name           | Address                                  | Type of Action                             |
|--------------|----------------|--|--|
| AMBR         | WILLIAM SPECHT | 2374 WOULUT HEIGHTS A                    | Add pt Add                                 |
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| ument's effective date on the Department of   |                          | same requirement                       |  |          |
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| ecord specifies a delayed effective   |                          | n effective time, at 1                 | 2:01 a.m. on the ear                   | lier (   |
| ne 90th day after the record is filed   | l <b>.</b>               |  |  |          |
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