

LI 5000172874

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(Business Entity Name)

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NC & Amend

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16 FEB 22 PM 2:27  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FEB 23 2016

N. CAUSSEAU

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Windstar Ventures, 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:

Keith A Ringelspough

\_\_\_\_\_  
Name of Person

Keith A Ringelspough, P.A.

\_\_\_\_\_  
Firm/Company

3347 49th Street North

\_\_\_\_\_  
Address

St. Petersburg, FL 33710

\_\_\_\_\_  
City/State and Zip Code

szepp@curanthealth.com

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

For further information concerning this matter, please call:

Keith A. Ringelspough

727 525-1958  
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

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16 FEB 22 PM 2:28  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
and assigned

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

**This amendment is submitted to amend the following:**

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

Green Ray Properties, LLC

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)**

11038 Harborside Drive

Largo, FL 33773

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

11038 Harborside Drive

Largo, FL 33733

**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>
AMBR	Scott Zepp	11038 Harborside Drive	<input checked="" type="checkbox"/> Add
		Largo, FL 33733	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David Wonsick	11035 52nd Ave. North	<input type="checkbox"/> Add
		St. Petersburg, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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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16 FEB 22 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

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

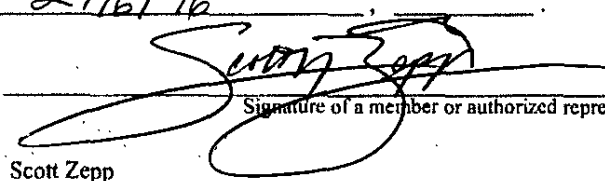
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/16/16



Signature of a member or authorized representative of a member

Scott Zepp

Typed or printed name of signee