# L15000179588

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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	WHERWIND HA	SADING (SPOUP) Lited Liability Company	LC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FRAM	IK FERRO Name of Person	
	SYMMERWIN	D HOLDING GROUP Firm/Company	P LLC
	226 NOVA	POAD # 2/2 Address	
	OR MOND	BRACH FL. 3 City/State and Zip Code  AD HOLDING 2015 Code to be used for future annual report notifications.	<u>'2194</u>
	SUMMER WILL E-mail address: (1	AD HOLDING 2015 Co	GMAIL COM cation)
For further information co	oncerning this matter, please ca		
FRANK Name of	FERRO FPerson	at (386) 453- Area Code Daytime	50 40 Telephone Number
Enclosed is a check for the	e 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

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· ill.

		SELVE LATH OF STATE TALL 付養SSEL, FLORDA
SUMMER WIN	ted Liability Company'as it now appears on our selection (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited L	iability Company were filed on	and assigned
Florida document number <u> </u>	79588	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
<b>7</b>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
	****	
B. If amending the registered agent and	or registered office address on our re	cords, enter the name of the new
registered agent and/or the new registered of	ffice address here:	
Name of Navy Designand Accept		
Name of New Registered Agent:		
New Registered Office Address:	226 NOVA KOAD 2 Enter Florida street d	) D address
	226 NOVA ROAD * 2 Enter Florida street of ORMOND BLACH City	_, Florida <u>31/74</u>

#### 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>	Address	Type of Action
		·	Add
			□ Remove
		<del> </del>	☐ Change
			Add
		<del> </del>	□ Remove
			Change
			□ Add
			☐ Remove
			Change
	<u> </u>		Add
		- <del></del>	□ Remove
			Change
<del></del>			
			□ Remove
			Change
			Remove
			□ Change

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		2015 NGV	
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E Effe	ctive date, if other than the date of filing:(optional)	57	
(Ifan <b>Not</b>	effective date, if other than the date of filing:	5.0207 ( ed as t	(3)(b) he
If the i	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earline 90th day after the record is filed.	er of:	
Date	Short teno		
	Signature of a member or authorized representative of a member  FRANK FERO  Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00