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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 Phone : (407)863-0096 : (407)612-2181 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

	Registration Section			
	Division of Corporatio	IIS		H20000303639 3
er in ince	GLOBAL WINDS	INSTITUTE, LLC		1120000303033
SUBJEC	Т:	Name of Limited	Liubility Company	
The enclo	sed Articles of Amenda	nent and fee(s) are submitt	ed for filing.	
Please ret	urn all correspondence	concerning this matter to the	ne following:	
	ЕМ	ERSON CORREA		
		·	Name of Person	
	ICO	NNECT SOLUTIONS CO	ORP .	
Firm'Company				
	673:	S CONROY ROAD		
			Address	
	ORI	LANDO, FL 32835		
		C	ity/State and Zip Co	de
	EME	RSON@ICONNECTSC.C		
		E-mail address: (to be	e used for future ann	al report notification)
For furth	er information concernit	ig this matter, please call.		
EMERSO	ON CORREA		407 ar ()	863-0096
	Name of Person		Area Code	Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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GLOBAL WINDS INSTITUTE, LLC		
(Name of the Limited Linbility Comps (A Florida Limited	ny as it now annears on our records.) Liability Compuny)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000216930}{L}$.	were filed on 11/29/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
GLOBAL WINDS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company." the designation "LLC" or	the abbreviation "L.I.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2070
		0 S.P
		 . ,
v		<u></u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	name of the new registered
New Registered Office Address:		
	Enter Florida street oddress	
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutics, and provided for in Chapter 605, F.:	I am familiar with and 8. Or, if this document is
If Cha	nging Registered Agent, Signature of N	ew Registered Agent

To: Sunbiz Page 4 of 5

14076122181 From: EMERSON CORREA

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

H2	200	00	30	36	339	3

<u>Title</u>	Namc	Address	Type of Action
			□Add
			Remove
			☐ Change
			\ \ \ \ \ \
			□Remove
			□Change
			
			□Remove
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			□Add
			□Remove
			□ Change

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	ing any other inform: ANGING THE NAME (ation, enter change(s) l DE THE COMPANY	here: (Attuch addition	ial sheets, if necessary.)	
-		27 THE COMPANY		<u>.</u>	
					
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(If an effectiv <u>Note:</u> If the	ve date is listed, the date mu he date inserted in this b		orior to date of filing or mor plicable statutory filing.	(uptional) e than 90 days after tiling) Purequirements, this date wi	
If the record sp record is filed	occities a delayed effecti	ve date, but not an effectiv	ve time, at 12:01 a.m. on	the earlier of: (b) The 9	lith day after the
Dated AU	GUST 28	2020			
. /41-01		,	The state of the s		
		Signature of a member or a	mulwrized representative of	f a member	
		-	ICIO NUNCIARONI		

Typed or printed name of signee