LITMODGAOS

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APR LARRIES

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Wind Fall US Name of Lim	A LLC ited Liability Company	<u>.</u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspoi	ndence concerning this matter	to the following:	
	Sebas	HIEN LEBLAGE Name of Person	
	Wind fa	USALLC Firm/Company	
	10521	SW 20th Terrace Address	
	Miani	FL 33165 City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Maria Name of	Leblanc Person	at (<u>786</u>) <u>797</u> Area Code Daytimo	- 9443 : Telephone Number
Enclosed is a check for the	following amount:		
Ы ∕ \$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

(Name of the Limited Liability	ASA LUC	<u> </u>
(A Florida	y Company as it now appears on our record Limited Liability Company)	,
The Articles of Organization for this Limited Liability Co Florida document numberL17000062054		2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	<u>ESS)</u>	
		APR
Enter new mailing address, if applicable:		N
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u> 수행
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	v
	, Fl	orida
	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>	Address	Type of Action
AMBR	Sebastien LeBianc	10521 Sw 20th Terroce	⊠ Add
		Miam: FL 33165	□ Remove
		•,	Change
AMBR	Maria Leblanc	10521 Sw20th Terrace	□ Add
		Miami Fl 33165	□ Remove
			Change
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			Change

amend	ing any other information, ente	r change(s) nere:	mach allamana s	1. cas, y //caca-aa-y//		
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<u>ote:</u> If th	date, if other than the date of f we date is listed, the date must be specific the date inserted in this block does r 's effective date on the Department	ot meet the applicable	ate of filing or more that e statutory filing requ	(optional) n 90 days after filing) F irements, this date w	Pursuant to 60 ill not be lis	05.0207 sted as
recorα The 90	d specifies a delayed effectiv Oth day after the record is fil	e date, but not a ed.	n effective time,	at 12:01 a.m. or	n the earl	ier o
ted	04/07	. 2017			_	
	L.h.	ster Le Blas			17 AFR	
	Signature of	of a member or authorize	ed representative of a m	ember	——————————————————————————————————————	:.
	Schact	ien LeB	lanc			
		Typed or printed no				

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Filing Fee: \$25.00