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COVER LETTER

TO:

	gistration Se vision of Cor				
SUBJECT		ZUL WINDERMERE.LLC			
SUBJECT	·	Name of Lim	ited Liability Company		
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please retu	n all correspo	ndence concerning this matter	to the following:		
		RENEE ROSARIO			
			Name of Person		
		RCR CONSULTING GRO	DUP, LLC		
			Firm ² Company		
		887 S R 436			
Address					
E-mail address: (to be used for future annual report notification)					
		**	City/State and Zip Code		
					
				fication)	
For further	information c	oncerning this matter, please c	all:		
RENEE RO	OSARIO		407 767-1647		
Name of Person		at () Area Code Daytim	c Telephone Number		
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		<u>Street Address:</u> Registration Se	ction	
D	ivision of C	orporations	Division of Cor	porations	
	O. Box 632		The Centre of T		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGAVE AZUL WINDERMERE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/18/2017 Florida document number L17000110869 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 City

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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he record specifies a delayed e ord is filed.	fective date, but not an effective	e time, at 12:01 a.m. on t	the earlier of: (b)	The 90th day after	er the
02/11	2020				
Dated 02/11					
Dated 02/11	Signature of a member or an	·			

Filing Fee: \$25.00

Typed or printed name of signee