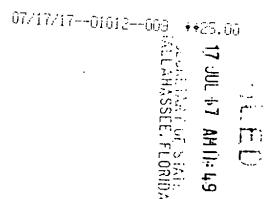
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## **COVER LETTER**

Tailwinds R			
SUBJECT:	Name of Lami	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Charles E. Hart, Jr.		
		Name of Person	
	Tailwinds Ranch LLC		
		Firm/Company	
	720 Hardwood Circle		
		Address	
	Orlando, Ft. 32828		
		City/State and Zip Code	
	chip.hart@enl.com	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please or		
Charles E. Hart, Jr.		407 808-7782 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

Tailwinds Ranch LLC		
(Name of the Limited Liabil (A Flore	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (		and assigned
Florida document number £17000132813	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	ORESS)	
		7 1
Enter new mailing address, if applicable:		#: <u>C</u>
(Mailing address MAY BE A POST OFFICE BOX)		SEE
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>e</u> <u>dress here</u> :	inter many of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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
MGR	Sheri D. Hart	720 Hardwood Circle	
			Remove
			Change
AMBR	Charles E. Hart, Jr.	720 Hardwood Circle	■ Add
			☐ Remove
			☐ Change
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Affective date, if other than than than effective date is listed, the date is Note: If the date inserted in this Nocument's effective date on the	nust be specific a block does no	md cannot be pr t meet the app	licable statute	ing or more than sory filing require	(optiona 00 days after fili ements, this da	ag.) Pursuan	t to 605.02 be listed
e record specifies a delay The 90th day after the r			not an effe	ctive time, a	t 12:01 a.m	n. on the	earlier
Dated		2017					
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Page 3 of 3

Typed or printed name of signer

Filing Fee: \$25.00