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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Windrock Construction LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAUL JUSTICE Name of Person
Windrack Construction LLC Firm/Company
1688 E. WAShington Hear
Monticello FLORICIA 32344 City/State and Zip Code DP4 JUSTICE @ ATT. NET E-mail address: (to be used for future annual report notification)
A. 11 1 2000 = 7
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ Certificate of Status 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

Undkeck (LCC		
(Name of the Lim	ited Liability Compa- (A Florida Limited L	ny as it now appears	on our records.)		
	•				
The Articles of Organization for this Limited I	Liability Company	were filed on	1-16-18	3 and a	ssigned
Florida document number 417000	232409				_
Florida document flumber	<u> </u>	`			
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name	of the limited liabi	ility company her	e:		
The first the new manage	or the illited has		<u>.</u>		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company " the des	ignation "LLC" or the	abbreviation "	. I. C."
The field made of distinguishable and community		,,,	·B··		•
Enter new principal offices address, if appli	cable:			. 5	
(Principal office address MUST BE A STRE	ET ADDRESS)		·	_	***************************************
				· 5	-
				· >	7
Enter new mailing address, if applicable:				بن	
	3 0010			5	
(Mailing address MAY BE A POST OFFICE	. <u>BOX)</u>			,	
					
			_	_	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>ent</u>	er the name	of the new
registered agent and/or the new registered to	Title address here	<u>*</u> •			
Name of New Registered Agent:					
New Registered Office Address:	1688	E, WAS	shinato	N Hu	ey
		Enter Floria	a street address		 -
	Monte	E, WAS Enser Florid	. Florida	3234	14
		City	,,	Zip Code	2

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	DAVID Sycolary	11470 Villa Rd	p Kadd
		Spring Hill Florela	Remove
		34609	Change
			Add
			Remove
			Change
			
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Filing Fee: \$25.00