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SECRETARY OF STATE
DIVISION OF CORPORATION

N COOPER MAY 15 2018

COVER LETTER

TO:	Registration Se Division of Con	ection rporations		
	True Wind		;	
SUBJE	CT:		ited Liability Company	
Γhe enc	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		David M. Mikula		
			Name of Person	
			Firm/Company	
		33 W Pelican st		
			Address	
		Naples, FL 34113		
			City/State and Zip Code	
makomik1997@gmail.com				
		E-mail address: (1	to be used for future annual report notif	fication)
For furt	her information of	concerning this matter, please ca	all:	
David 1	M. Mikula		412 337-6099 at ()	
	Name o	of Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for t	the following amount:		
\$25	5.00 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:

TO:

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

True Wind, LLC		•
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L17000261396	y were filed on December 26, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		SE VISE
		AY 1
Enter new mailing address, if applicable:		- C
(Mailing address MAY BE A POST OFFICE BOX)		RPFID
		AIA
		X
B. If amending the registered agent and/or registered executed agent and/or the new registered office address he	•	ter the name of the nev
	· ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	sip code
The registered agent a diguardie, it changing registered Agen	<u></u>	

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	Laura J. Mikula	33 W Pelican St	□ Add
		Naples, FL 34113	■ Remove
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ffective date, if other than the d an effective date is listed, the date must lote: If the date inserted in this block			, , ,			
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