118000080948

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(Ad	ldress)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Windward T	Title LLC	·	
30 Doi:		Name of Limite	ed Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please 1	return all correspon	ndence concerning this matter to	the following:	
		April Jordan		
			Name of Person	
		Broome Capital		
		-	Firm/Company	
6911 Pistol Range Road, Suite 101B				
			Address	
		Tampa, FL 33635		
			City/State and Zip Code	
		beth@proluxeproperties.com		· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to	be used for future annual report notifi	cation)
For furt	ther information co	oncerning this matter, please call	l:	
April J	ordan		727 532-3020 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e 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:

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

Windward Title LLC (Name of the Limited Liab) (A Flori	ility Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L18000080948		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADL	DRESS)	2
		SECRETAR JISIDH OF 3
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
		TATE OF THE PERSON NAMED IN COLUMN 1
		72 000 000 000 000 000 000 000 000 000 0
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	,	
Name of New Registered Agent:		35, 35,
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	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	Peggy Tseung	6911 Pistol Range Road, Ste 101B	
		Tampa, FL 33635	■ Remove
			Change
MGR Michael Bednarski	6911 Pistol Range Road, Ste 101B	□ Add	
		Tampa, FL 33635	■ Remove
			Change
MGR PTMB Holdings LLC	6911 Pistol Range Road, Suite 1011		
	Tampa, FL 33635	Remove	
		□ Change	
AMBR	Deidre Gurney	3346 49th ST N, Suite 107B	■ Add
	St. Petersberg, FL 33710	Remove	
		Change	
		Add	
		□ Remove	
		Change	
		Add	
		□ Remove	
		☐ Change	

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	16 APR 30
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ffective date, if other than the date of filing:	otional) fter filing.) Pursuant to 605.020 this date will not be listed a
e record specifies a delayed effective date, but not an effective time, at 12:03. The 90th day after the record is filed.	1 a.m. on the earlier
ated April 20 , 2018 .	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00