## L18000 155705

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600390269396

07/19/22--01028--004 \*\*25.00

S. CHATHAM OCT 10 2022

22 JUL 19 PM 3: 38

SECRETARY OF STATE

## COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations						
CUDIFOT.	Southern Wind Of Navarre, LLC  Name of Limited Liability Company							
SUBJECT:								
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	indence concerning this matter	to the following:					
		Robert Paul Vignes						
			Name of Person					
		Southern Wind Of Navarre	LLC					
			Firm/Company					
		2163 Ranch Drive						
			Address					
		Navarre, Florida 32566						
		701.111	City/State and Zip Code	<del></del>				
		rpv7@bellsouth.net E-mail address: (	to be used for future annual report no	otification)				
For further i	nformation c	oncerning this matter, please c	ali:					
Robert Paul	Vinges		850 374-1020					
	Name o	f Person	at () Area Code Dayti	me Telephone Number				
Enclosed is	a check for th	he following amount:						
<b>\$25.00</b>	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)				
Mailing Address: Registration Section		Street Address: Registration S						
Division of Corporations P.O. Box 6327				Division of Corporations The Centre of Tallahassee				
	illahassee, l			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Wind of Navarre, LLC			
(Name of the Limit	ed Liability Com (A Florida Limited	pany as it now appears on our r I Liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L18000155705		y were filed on June 25, 201	8 and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the w	vords "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	SECRE A DIVISION OF
Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered offic	e address on our records,	enter the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street	address
			, 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 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
CEO	Windie Vignes Muller	4504 Rebecca Blvd. Metairie, Louisiana 70003	■Add
			□ Remove
			□Change
******			□Add
			Remove
			DIVERSE OF CONTROL OF
			BAdd ☐ ☐ ☐
			☐ PRemove
			ယ ြိုင် CB Change
			🗀 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

N/A							_
		-					-
					· -		-
							_
			<del></del>	<del></del>			-
						· · · · · · · · · · · · · · · · · · ·	_
			<del></del>	- <del></del>		22	,   AID
			<del> </del>			<del></del>	:::: ::::
							رز <del>ة</del> زرخ زرخ
						PH	C
	<del>-</del>	<del>-</del>				<del></del> မှ	
						<b>C</b> O :	3
			<del></del>	-		<del></del>	-
				<del></del>			_
<u></u>					***		-
		· -			<del></del>		
			_			·	_
ective date, if other than (	he date of filin	July 15, 202			(optional	)	
effective date, if other than the effective date is listed, the date inserted in this	nust be specific and	d cannot be prior	to date of filing	or more than 90	days after filing	g.) Pursuant to 60	5.020
e: If the date inserted in this ument's effective date on the	Department of S	State's records.	aute statutory	ming requires	nema, una uai	c will not be its	içu i
cord specifies a delayed effec	tive date, but not	t an effective ti	me, at 12:01 a	i.m. on the ear	lier of: (b) T	he 90th day afte	er th
s filed.							
July 15		2022					
ed July 15		,	•				
		19		07,	/ ~		
(	-/C - /L	21 / I	1000		0-		
	Signature of a	member or auth	prized represent	tative of a mem	er	<del>-</del>	

Filing Fee: \$25.00