L19 000107640

Office Use Only



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A. BUTLER DEC - 8 2022

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	Southwind:	s & Dreams LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		Ashley Canez			
			Name of Person		
		Eastbiz.com, Inc			
			Firm/Company		
		5348 Vegas Dr			
			Address		
		Las Vegas, NV 89108			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	ification)	
For further in	nformation c	oncerning this matter, please c	all:		
Ashley Canez		702 871-8678			
	Name o	l'Person	Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
\$25.00	filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations			Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTHWINDS & DREAMS LLC

2022 SEP 13 AHII: 13

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>04/19/2019</u>	and assigned
Florida document number L19000107640		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Kontio Power LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	Zap vanut
•		,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F	H am familiar with and S.S. Or, if this document is

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
			ŪAdd
			□Remove
			□Change
			□Remove
			∏Change
			Remove
			Change
			□Add
			Remove
			∐Change
	-		□Add
			Remove
			□Change
			Remove
			□Change

						
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Effective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this bloed document's effective date on the Dep	k does not meet the	e applicable sta	f filing or more tha tutory filing requ	(option: n 90 days after fili irements, this d	ng.) Pursuant to 605 ate will not be liste	0207 (ed as t
record specifies a delayed effective of is filed.	late, but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b)	The 90th day after	r the
September 07	2022	2 .				
	Plein &	ケンシ				

Filing Fee: \$25.00