

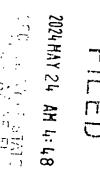
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	value of the	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		MICHELLY FERREIRA	
		Name of Person	
		CAMPANA GROUPS LLC	
		Firm/Company	
	;	Address	
		rudicss	
		WAXHAW NC 28173 City/State and Zip Code	
	MICHE	LY@CAMPANAGROUPS.COM	
		to be used for future annual report notif	fication)
For further information co	oncerning this matter, please co	all:	
MICHELI	Y FERREIRA	at ( 954 ) 228 - 07	06
Name of Person			c Telephone Number
Enclosed is a check for th	e following amount:		
X S25.00 Filing Fee  → S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address	<b>1:</b>	Street Address:	
Registration S		Registration Sec	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAS DRAZII SIGUALO

(Name of the Limited Liability Compa) (A Florida Limited I.	ny as it now appears	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	05/14/2019	and assigned
Florida document numberL19000130176			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>re</u> :	
DOWNWIND GROUP LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	5000 ISLAND	ESTATES DR #100	15
	WILLIAMS IS	SLAND, AVENTURA,	FL 33160.
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	5000 ISLANI	D ESTATES DR #100	01\$
	WILLIAMS IS	SLAND, AVENTURA	, FL 33160.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		<u></u>	. De 11
New Registered Office Address:		···· ==	72
	Enter Flori	da street address	
	City	, Florida <u>i</u>	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			<b>4 8</b>

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>	Name	Address	Type of Action
			□Remove
			□ Change
			□∧dd
			□Remove
			□ Change
			□Add
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			□ Remove
			□Change
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			□Change

	PLEASE, AMEND THE CO	OMPANY NAME EDOM STAC OD A 711 THOUSE OF				
		OMPANY NAME FROM SEAS BRAZIL FISH LLC TO DOWNWIND GROUP LLC.				
,	Please amendment the	e address for the member MARCIO JOSE BARBERO to				
,	5000 ISLAND ESTATES	5000 ISLAND ESTATES DR #1001S, WILLIAMS ISLAND, AVENTURA, FL 33160.				
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ote:   ocume	nt's effective date on the De	date of filing:				
nted _	MAY 7TH					
	:	Signature of a member or althors ed representative of a member				