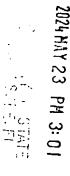


Office Use Only



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COVER LETTER

TO:

	istration Se sion of Cor			
CLID ID CT	Blue Wind	Technology LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		Henry A Kelley Jr		
			Name of Person	
		Blue Wind Technology LL	C	
			Firm/Company	
		7502 Sears Blvd		
			Address	
		Pensacola FL 32514		
			City/State and Zip Code	
		Henry.Kelley@bluewindtec		
		E-mail address: (to be used for future annual report notific	cation)
For further in	formation co	oncerning this matter, please ca	all:	
Henry A Kell	ley Jr		850 218-9398 at ()	
Name of Person				Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling Fee	☐ \$30.00 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)
	ling Addres		Street Address:	ion
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tall	lahassee, F	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Wind Technology LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
he Articles of Organization for this Limited Liability Company v	
orida document number 1.19000177666	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabil	lity company here:
ne new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	202
	2024 HAY
	: 17
nter new mailing address, if applicable:	- ω :
Mailing address MAY BE A POST OFFICE BOX)	PM PM
	3: (
. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new re</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida stveet oddress
	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
AMBR	Jean Fabio Zolet	7502 Sears Blvd	■Add
		Pensacola FL 32514	□Remove
			Change
		END	□ Add
			□Remove
			□Change
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	
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	otional) fter filing.) Pursuant to 605,0207 (this date will not be listed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of d is filed.	(b) The 90th day after the
Dated May 20	
My Custhus Kelle for Signature of a member or authorized representative of a member	
Henry Arthur Kelley Jr	