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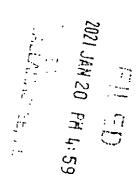
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1. A. 2/22/21

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

316 WINDV				
SUBJECT:	Name of Limited	Liability Company		
The enclosed Articles of a	Amendment and fee(s) are submi	tted for filing.		
Please return all correspon	ndence concerning this matter to	the following:		
	JACKIE ROSARIO			
		Name of Person		
	ENS BUSINESS FILING &	SEARCHES CO.		
		Firm/Company	-	
	PO BOX S115			
		Address		
	WATERFORD, NY 12188			
		City/State and Zip Code	·	
	ENSBUSINESS911@GMAIL			
	E-mail address: (to	be used for future annual report no	otification)	
For further information c	oncerning this matter, please call	:		
JACKIE ROSARIO		518 238-3083		
Name o	f Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is a check for the	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)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration S Division of C		
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

316 WINDWARD LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our reco ability Company)	<u>rds.</u>)			
The Articles of Organization for this Limited Liability Company vi Florida document number L19000210076	rticles of Organization for this Limited Liability Company were filed on 8/16/2019 and assigned a document number L19000210076				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LI	LC" 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: New Registered Office Address:	ddress on our records, ento				
	City	Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
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 peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is			

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
AMBR	JASON A. AMENDOLIA	78 OLD COW PASTURE LANE, KINNELON, NJ	07. ≣ Add
			□Remove
			□ Change
			□Add
			□Remove
			[]Change
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			□Change
			□Add
		□Remove	
			□Change
			□Add
		□Remove	
			□Change
-			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. 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 after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _ 01/08 Signature of a member or authorized representative of a member JACKIE ROSARIO Typed or printed name of signee

Filing Fee: \$25.00