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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RE WINDWARD SHIPYARD, LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RF WINDWARD SHIPYARD, I.LLC

(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 08/23/2019 and as
Florida document number L19000211348

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RF Windward, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

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 address on our records, enter the name
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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 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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/> Ax
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Ch
_____	_____	_____	<input type="checkbox"/> Ac
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Ch
_____	_____	_____	<input type="checkbox"/> Ad
		_____	<input type="checkbox"/> Rer
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rerr
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Chaz
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remc
		_____	<input type="checkbox"/> Chan

1. *What is the main purpose of the study?*
 2. *What are the research objectives?*
 3. *What is the significance of the study?*
 4. *What is the scope of the study?*
 5. *What are the limitations of the study?*
 6. *What is the methodology used in the study?*
 7. *What are the results of the study?*
 8. *What are the conclusions of the study?*
 9. *What are the implications of the study?*
 10. *What are the future research directions?*

(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 6
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li
document's effective date on the Department of State's records.

Dated October 7th 2019

Ashley Goldsmith, Attorney-in-Fact

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