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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOLOMON & FURSHMAN, LLP

Account Number : I20050000182

Phone

: (305)861-8034

Fax Number

: (305)861-8012

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RF WINDWARD, LLC

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

H210002576033

| SUBJECT: RF Win                  | idward, LLC                                     |   |   |
|----------------------------------|---|---|---|
|                                  | Name of Lim                                     | 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:   |   |
|                                  |   | Victor Recondo  |   |
|                                  |   | Name of Person  |   |
|                                  |   | Robert Finvarb Companies, LLC                                       |   |
|                                  |   | Firm/Company  | <del></del>   |
|                                  |   | 2999 NE 191st Street, Suite 800                                     |   |
|                                  |   | Address   |   |
|                                  |   | Aventura, F1, 33180   |   |
|                                  |   | City/State and Zip Code   | ·····   |
|                                  | F Sect Manage                                   | Victor@finvarb.com to be used for future annual report no           |   |
| To Contact of constant           |   |   | onication   |
| ror further information et       | oncerning this matter, please c                 | dII.  |   |
| Victor Recondo                   |   | at ( <u>786</u> )210-6  |   |
| Name of                          | f Person  | Area Code Dayti   | ime Telephone Number  |
| Enclosed is a check for th       | ne following amount:                            |   |   |
| □ \$25.00 Filing Fee             | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | C) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres<br>Registration S |   | <u>Street Address:</u><br>Registration S                            | Section   |
| Division of C                    | orporations                                     | Division of C   | orporations   |
| P.O. Box 632                     |   | The Centre of   |   |
| Tallahassee, I                   | TL 32314  | 2415 N. Moni  | roe Street, Suite 810   |

Tallahassee, FL 32303

To: FAX SERVICE -

ALG

From: 3058618012

7-02-21 10:40am p. 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| MITTE IA.            | 2 PM 4:20   |
| TALLAHASSI           | E. P. ONIDA |

| RF WINDWARD, LLC  | The state of the s |
|---|--|
| (Name of the Limited Liability<br>(A Florida L  | Company as it now appears on our records.) imited Liability Company)   |
| The Articles of Organization for this Limited Liability Cor<br>Florida document number <u>L19000211348</u>    | mpany were filed on and assigned   |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limite   | ed liability company here:   |
| ==:::::::::::::::::::::::::::::::::   | d Liability Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE          | ESS)   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                          |  |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, enter the name of the new registere   |
| 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

MGR = Manager

Change

1161000 231 443 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| <u>Title</u> | Name     | Address | Type of Action                                |
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|                | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |             |
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| ecor<br>is fi  | 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 d.   |             |
| ited           | July 1  |             |
|                | Signature of a member or authorized representative of a member  |             |
|                |   |             |

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Filing Fee: \$25.00