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<u></u>	
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	IAIL
(Business Entity Name)	
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Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

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SECRETARY OF STATE
TALLAHASSET STATE

Office Use Only

COVER LETTER

TO: Registration S Division of Co			••
	LL US 41, LLC		*• :
SUBJECT:		nited Liability Company	
	Name of Lim	nted Elability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DANIEL M. KELLY		
		Name of Person	
	WINDMILL US 41, LLC		
		Firm/Company	
	1634 47TH ST, STE 9		
		Address	
	CAPE CORAL, FL 33904		
		City/State and Zip Code	
	dkellycre@gmail.com	2. t	70°
For further information	concerning this matter, please c	to be used for future annual report not all:	incation)
Daniel M. Kelly		239 229-7019	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo
Mailing Addre Registration		<u>Street Address:</u> Registration Sc	ection
Division of	Corporations	Division of Co	
P.O. Box 63		The Centre of	
Tallahassee,	L L JZJ14	Z41J IN. MIORIU	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINDMILL US 41, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company wa	ere filed on 11/15/2019 and assigned
Florida document number 1.19000284829	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
-	
	ET.
Enter new mailing address, if applicable:	H 72
(Mailing address MAY BE A POST OFFICE BOX)	TARY OF STAT
_	E 8 5
	무관 6
B. If amending the registered agent and/or registered office add	dress on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
<u>.</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 🗆 🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change

Compar	y Name and Address of the Registered Agent remain the same	
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effective da	te, if other than the date of filing: (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	
	late inserted in this block does not meet the applicable statutory filing requirements, this date will not be li ffective date on the Department of State's records.	ated a
cord speci: s filed.	fics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff	er the
A	l on dono	
ed [rugust 25 , 2024	
	Miles	

Filing Fee: \$25.00