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COVER LETTER

Registration Section Division of Corporations

TO:

	IND AMERICA LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u>.</u>
	Amendment and fee(s) are sub		
	Morella Salazar		
		Name of Person	
	Salazar Dager & Associat	es P.A.	
		Firm/Company	
	701 Brickell Ave Suite 85	0	
		Address	
	Miami Florida 33131		
		City/State and Zip Code	
	lbuscemi@nusalaw.com		
	E-mail address: (to be used for future annual report not	tification)
For further information of	oncerning this matter, please c	all:	
Morella Salazar		305 9019745	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 enclosed)
Mailing Address Registration Solvision of Co. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Contre of The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH WIND AMERICA 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 $\frac{02/03/2020}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2875 NW 82 Ave. Enter new principal offices address, if applicable: Suite 120 (Principal office address MUST BE A STREET ADDRESS) Doral, FL 33122 2875 NW 82 Ave Enter new mailing address, if applicable: Suite 120 (Mailing address MAY BE A POST OFFICE BOX) Doral, FL 33122 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

Page 2 of 3

. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Tebrusy 28th, 2020
	t Jackmen c
	Signature of a member of authorized representative of a member
	NARDINI PEPPI, Franco P. Typed or printed name of signee

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Filing Fee: \$25.00