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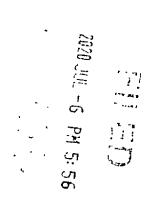


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COVER LETTER

TO:	Registration Sect Division of Corpo		,	N.
SUBJE	ст: <i>Wind</i>	RIVER CONTRACTII Name of Limit	V/NG LLC ned Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	o the following:	
		PO. A WINDRIVE E-mail address: (1)	ment and fee(s) are submitted for filing. concerning this matter to the following: Total September September	
For furt	her information cor	ncerning this matter, please ca	II:	
	Name of I			
Enclose	d is a check for the	following amount:		
□ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

	0
ARTICLES OF (ORGANIZATION 🚊 🚉
	OF
WIND KINE CONTRAC	any as it now appears on our records.) Liability Company)
(A Fiorma Eminter	Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 2000/60/33</u> .	y were filed on $06/10/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N/A SAME
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WIND RIVER CONTARTING LLC PO BOX 5/0604
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	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

PEGISTERENT IS SIAME

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 **Type of Action** Address | Title <u>Name</u> _1117 RIO DE JANIERO AVE KADA

PONTA GORDA FL 33983 | CREMOVE MGR JOHN J SOUSA __ 🗆 Change 1117 RIO DE JANIERO AVE XADO AMBR JENNA M. SOISA ☐ Change _____ ⊟Remove _____ □Change \square Add □Remove ☐ Change □Add □Remove ☐ Change □Add □ Change

_	PIZASE SEZ AUTHORIZED TERSONS	
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f an effe Note:	e date, if other than the date of filing:	
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to 1.	he
Jated	JORY 2 . 2020	
Jaica _		

Filing Fee: \$25.00