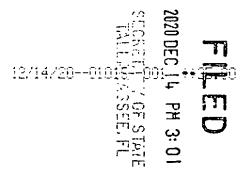
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1/25/21

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Windrift Credit LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gerald Taylor Name of Person	
Windrift Credit LLC Firm/Company	
Deltona, Fl. 32738 City/State and Zip Code Genald toulor 8776 amail. Com E-mail address: (Jo be used for future amaua) report notification)	
Deltona, Fl 32738 City/State and Zip Code	
i-mail address: (Jo be used for future armua) report notification)	
For further information concerning this matter, please call:	
Seroud Toylor at (1078) 2310-7013 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \$Certified C	

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 ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 20000343376.	y were filed on Jug. 10, a0a0 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ting LLC
Enter new mailing address, if applicable:	2020 DEC \$50 RET
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address
	NA , Florida NA 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 being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
NA	-N/A	N/A	□Add
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more that: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	(optional) han 90 days after filing.) quirements, this date v	Pursuant to 60 vill not be lis	5.02 ted :
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	he earlier of: (b) The	90th day afte	er th
ud December 5th, 2020.			
Signature of a number or authorized representative of a			