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(((H21000170836 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 Phone : (305)961-1450

Fax Number : (305)423-3979

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

Email Address: roland@windsorinvestmentholdings.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUNO ALLAPATTAH - GP, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUNO ALLAPA	ATTAH - GP, LLC 57 671
(Name of the Limited Liability Compa (A Florida Limited)	Inv as it now appears on our records.)
	Ency e
The Articles of Organization for this Limited Liability Company	were filed on 11/24/2020 and assigned
Florida document number <u>L20000370915</u> .	<b>1</b> · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Windsor Investments (1201 NW 22 Street)-G	P, LLC
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	117 Aragon Avenue
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33134
	······································
Enter new mailing address, if applicable:	117 Aragon Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: STOLZEN	BERG GELLES FLYNN & ARANGO, LLP
New Registered Office Address: 1533 Sunse	Et Dr., Suite 150 Enter Florida street address

## 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.

Coral Gables

If Changing Registered Agent, Signature of New Registered Agent

Florida \_\_33143

H21000170836 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Daniel R Sheehan	11814 LAKE SHORE PLACE	□Add
		NORTH PALM BEACH, FL 33408	Remove
			Change
MGR	Roland DiGasbarro	117 ARAGON AVENUE	🏿 Add
		CORAL GABLES, FL 33134	□Remove
			□Change
_MGR	Patrick Iaboni	_117 ARAGON AVENUE	<b>X</b> Add
		CORAL GABLES, FL 33134	Remove
			□Change
			□Add
		<del></del>	Remove
		<del>-</del>	Change
			□Add
		<del></del>	□Remove
			Change
			□Add
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i cifc <u>te:</u> :	we date, if other than the date of filing:
cord s file	I 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
ed_	04/28/2021
	Signature of a member or authorized representative of a member
	Keith H. Stolzenberg, Esq., Authorized Representative Typed or printed name of signee

Filing Fee: \$25.00