LZO 000 390034

(Re	questor's Name)	<u> </u>
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
summer the Wind Wood Group
SUBJECT: The Wind Wind Group 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:
Gail Hulmil
The Wind Wind Group Firm/Company
Marco ISland, FL 34-145 City/State and Zip Code
Marco ISland, FL 34145 City/State and Zip Code
Gril @ Windwordgroup.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gail Hulnick at (912) 222 - 8941 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

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

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

FLORIDA DEPARTMENT OF STATE Division of Corporations

17.7

2021 JUN 14 PM 1:30

May 15, 2021

GAIL HULNICK 1083 N. COLLIER BLVD STE. 324 MARCO ISLAND, FL 34145

SUBJECT: THE WINDWORD GROUP, LLC

Ref. Number: L20000390034

We have received your document for THE WINDWORD GROUP, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a **check** or **money order** made payable to the Department of State for \$25.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 321A00010258

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Wind Word Gr	10up LLC	Α,
(Name of the Limited Liability Compa- (A Florida Limited I.	iny as it now appears on our records.) Liability Company)	<u>ب</u> و کړ.
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 3900 34</u> .	were filed on $\frac{12/14/2020}{20}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile wind Group, LLC Published new name must be distinguishable and contain the words "Limited Liabile"		_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1083 N. Collier Blud. # 324 Marw Island, FL 34145	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1083 N. 61/1er Blvd., # 324 Marco Island, FL 34145	! _ _
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regi</u> s	sterec
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

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AP	David A. Stone	1083 N. Collier Blod, #324 Marw Island, FL 34145	□Add
		Marw Island, FL 34145	BRemove
			□Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			DAdd
			□Remove
			☐ Change

Effective date, if other than the date of filing: (a) (optional) (a) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record 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 distilled. Signature of a member or authorized representative of a member. GAIL HULNICK. [Speed or minited assine of since.]	_	
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)		Signature of a member or authorized representative of a member

Filing Fee: \$25.00