

121 000 209 769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

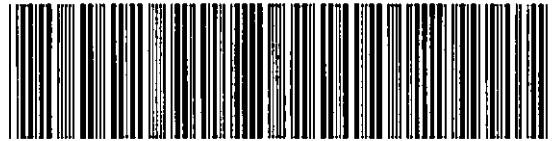
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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60.00

21 DEC 17 PM 11:03

T. MATTHEWS

DEC 14 2021



2021 OCT 17 AM 8:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2021

ROBERT J. MEAGHER III
808 SW 16TH CT
FT. LAUDERDALE, FL 33315

SUBJECT: WINDBENDER LLC
Ref. Number: L21000209769

We have received your document for WINDBENDER 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 \$60.00.

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.

Tekayla T Matthews
OPS

Letter Number: 021A00026454

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wingbender 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:

Robert J. Mcraigh III
Name of Person

Wingbender LLC
Firm/Company

808 SW 16th Court
Address

Ft. Lauderdale, FL 33315
City/State and Zip Code

bob@wingbender-llc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Mcraigh at (954) 448-5599
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

21 NOV 17 PM 11:03

Windbender 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 05/03/2021 and assigned Florida document number 621000209769.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

- No change -

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

- No change -

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

- No change -

(Mailing address MAY BE A POST OFFICE BOX)

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:

- No change -

New Registered Office Address:

- No change -

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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Robert Meagher should be an Authorized Person and Registered Agent
21 NOV 17 PM 11:11

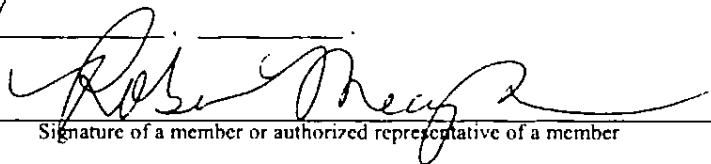
E. Effective date, if other than the date of filing: _____ (optional)

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated 09/20/2021



Signature of a member or authorized representative of a member

Robin Meagher

Typed or printed name of signee

Filing Fee: \$25.00