Note: Please print this page and use it as a cover sheet. Type the fax addit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RABIDEAU KLEIN

Account Number : 120200000035

: (561)655-6221

Fax Number : (561)655-3221

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WINDFOHR PROPERTIES, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

K. SALY

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COVER LETTER

| | Registration Se Division of Cor | | | |
|------------|------------------------------------|---|---|---|
| ena ira | WINDFO | HR PROPERTIES, LLC | | |
| 30000 | Т: | Name of Lin | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | GUY RABIDEAU | | |
| | | | Name of Person | |
| | | RABIDEAU KLEIN | | |
| | | - | Firm/Cumpany | |
| | | 440 ROYAL PALM WAY | Y. SUITE 101 | |
| | | | Address | |
| | | PALM BEACH, FL 33480 | 9 | |
| | | | City/State and Zip Code | |
| | | GRABIDEAU@RABIDEA | | |
| | | | to be used for future annual report not | ification) |
| For furth: | er information o | encerning this matter, please c | all: | |
| GARRE' | TT ELLIS | | at () 655-6221 Area Code Daytin | |
| | Name o | 1 Person | Area Code Daytin | ie Telephone Number |
| Enclosed | is a check for th | he following amount: | | |
| \$ \$25.0 | 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee Aug. 23. 2024 4: 22°M

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| WINDFOHR | PROPERTIES | HC |
|----------|------------|----|
| | | |

(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 Florida document number <u>L21000417373</u> | y were filed on <u>09/22/2021</u> | and assigned |
|---|--|----------------------------|
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited list | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or | the abbreviation "L L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | - | |
| | | |
| | | |
| Enter new mailing address, if applicable: | vie a. | |
| (Malling 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, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | - | |
| New Registered Office Address: | | |
| | Enter Fiorido street address | |
| | , Floric | la |
| | 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 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 | MELISA RETA | 3310 W MAIN ST | = Add |
| | | HOUSTON, TX 77098 | □Remove |
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| reffective date is listed, the date must b | ate of fiting: e specific and cannot be prior to date of: k does not meet the applicable statu | filing or more than 90 days after | filing.) Pursuant to 605 0207 (3) |
| cument's effective date on the Dep | artment of State's records. | tory time requirements, time | cane will not be fisted as the |
| cord specifies a delayed effective s filed. | late, but not an effective time, at 12 | :01 a.m. on the earlier of. (b) | The 90th day after the |
| _ AUGUST 23 | . 2024 | | |
| ed | | | |
| /s/ GUY R | | | |

Filing Fee: \$25.00