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COVER LETTER

TO: Registration Se Division of Cor	porations		
SHRIFCT: WIL	IDY CITY C	DUSTRUCTION L	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	nelosed Articles of Amendment and fee(s) are submitted for filing. Pretern all correspondence concerning this matter to the following: Allow RSS Name of Person WINDY CTY Firm/Company Sets Developed Audress Vence Firm/Company City/State and Zip Code Audress City/State and Zip Code Benard address: (to be used for future animal report notification) wither information concerning this matter, please call: Allow Ross Name of Person at (630) Area Code Daytime Telephone Number Sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certificat Copy (additional copy is enclosed)		
	Apron	Ross Name of Person	
	WINDY CITE	1 CHSTRUCTION	Lic
	865 1	BEVERLY RD	
	Venke	Address) 14293	
	E-mail address: (City/State and Zip Code 37 (355 @ G m) to be used for future annual report notice.	Lication)
For further information c	oncerning this matter, please ca	all:	
		at (630) 387 Area Code Dayting	3 9348 e Telephone Number
Enclosed is a check for th	ne following amount:		
≤ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

WINDY CT	TY CONSTRUCTION	W LLC	
(Name of the Limited (A	Liablity Company as it now appea Florida Limited Liability Company)	, ,	
The Articles of Organization for this Limited Liab Florida document number $\frac{100047713}{100047713}$	oility Company were filed on	11/03/2021	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of th	ne limited liability company h	ere:	
\$)		21
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the c	lesignation "LLC" or the	
Enter new principal offices address, if applicab	de:		1. 3
(Principal office address MUST BE A STREET)	ADDRESS)		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address to a Name of New Registered Agent: New Registered Office Address:	here: AANON' ROS 865 BEVER	55	me of the new registered
•	. 1	Florida _	34593 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.

Han Us

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>	<u>Name</u>		Address	Type of Action
				□Add
				□Remove
				□Change
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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(If an e: <u>Note:</u>	tive date, if other than the date of filing:
f the reco	rd 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 iled.
Datec	08/14/202A Ang Ran
	Signature of a member or authorized representative of a member
	Typed or printed name of signee