K21000487169

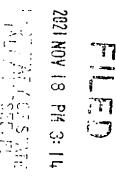
(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100376732731

11/18/21-+01013-+012 ++25.00



Y. SCOTT DEC - 9 2021

COVER LETTER

Registration Section

TO:

Divisi	ion of Cor	porations	•					
CUB IPZYP	EASTW	VIND S-21 LLC	• •					
SUBJECT: _		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·				
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return a	Il correspo	ondence concerning this matter	to the following:					
		Susan Jewell						
			Name of Person					
		Wedge Associates LLC						
			Firm/Company	202				
		12180 South Shore Blvd.,	Suite 101A	I NO				
			Address					
		Wellington, FL 33414		2021 NOV 18 PH 3:				
		admin@wedgeassociates.cc	City/State and Zip Code om to be used for future annual report not					
For further info	ormation c	oncerning this matter, please c		meanon)				
Susan Jewell		<u> </u>	561 227-1555					
	Name o	f Person	at () Area Code Daytin	ne Telephone Number				
Enclosed is a c	theck for th	ne following amount:						
■ \$25.00 Fil	ing 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)				
	ing Addres stration S		<u>Street Address:</u> Registration Se					
Division of Corporations			Division of Corporations The Centre of Tallahassee					
	Box 632 ahassee, l	: / FL 32314		rananassee be Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EA	STWIND S-21 LLC	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document numberL21000487169	Company were filed on 11.12.2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RESS)	77. 21
		9 1
		· σ /
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:	ed office address on our records, enter	18 PK 3 14
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	S
	, Flo	orida
	City	Zip Code

New Registered Agent's Signature, it 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>	<u>Address</u>	Type of Action
AMBR	Susan C. Burchard	12180 South Shore Blvd., Suite 101A	≡ Add
		Wellington, FL 33414	□Remove
			□Change
			□Add
			□Remove
			□ Change
			Remove)
			□Add
		-1	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

							-
-							-
	.=				 		_
							-
		_					_
							_
							_
							_
							-
						202	_
				<u>.</u>			- (1)
					= :		
					300 300 300 300 300 300 300 300 300 300	P. j	n
					ारी इंट्र	دِي الْ)
							_
					·		_
	=				···		-
ar an	4 E CT1*			(-4:1)		
ective date, if other than the date effective date is listed, the date must be	specific and cann	ot be prior to c	late of filing or m	ore than 90 days a	ptional) fler filing.) Pr	ursuant to 60	5.020
te: If the date inserted in this block cument's effective date on the Department.			e statutory titing	g requirements,	uns date wi	n not be ns	aca a
cord specifies a delayed effective of sfiled.	ate, but not an e	ffective time	, at 12:01 a.m. (on the earlier of	: (b) The 9	0th day aft	er the
N 1 17	20	\^ t					
sed November 17)21					
			ed representative				

Filing Fee: \$25.00