# 121000519968

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

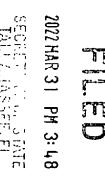
Office Use Only

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of 4/7/2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Dénosor (Tentum	ue (lc.	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter (	to the following:	
	Luis Ro	Pr	
	Windson	Name of Person  Venture (/c  Firm/Company	<u>.                                    </u>
	3300 NW	110+# SF Address	
	1 6	1 22165	
	Miami, Fi	City/State and Zip Code	
	: 12 (a) Carte	•	
	E-mail address: (t	ight lub, 10 Id be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Luie 4	Sapa.	at (888) 219-	4544
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 HAR 31 AM 7:54

SECRETALY OF STATE TALLAHASSEE. FL

March 11, 2022

LUIS LOPEZ 3300 NW 110TH STREET MIAMI, FL 33167

SUBJECT: WINDSOR VENTURE LLC

Ref. Number: L21000519968

We have received your document for WINDSOR VENTURE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Claretha Golden Regulatory Specialist II

Letter Number: 522A00005821

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Dindsox Vout		2022 MAR 31 PM 3: 48
(Name of the Limited Liat (A Flor	bility Company as it now appear rida Limited Liability Company)	s on our records OGE ID 11 OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability	Company were filed on <u>/</u>	2/9/21 and assigned
Florida document number <u>L 21000519968</u>		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our re	cords, enter the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	·	<u></u>
	Enter Flori	da street address
	City	, Florida Zip Code
	C nje	sy core

#### 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>	Name	Address	Type of Action
Ρ	Go Hub Group Hoding	Corp 3300 NW 1107# St Mlani, F( 33167	□Add
	, , ,	Mlani, F( 33/67	Remove
		<del> </del>	□ Change
ρ	Luis Ropz	3300 NW 1107H St	badd
		3300 NW 11074 St Miami, Fl 33/67	□Remove
			□Change
			□Add
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			🗆 Add
			□Remove
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			□Add
			□Remove
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			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Warch Signature of a member of authorized representative of a member

Typed or printed name of signee