## L22000103063

(Requ	uestor's Name)	
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Special Instructions to Fil	ing Officer:	
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## **COVER LETTER**

	Registration Se Division of Cor		4	*
CUBICO		Homes LLC	•	
SUBJEC	.1:	Name of Lim	ited Liability Company	
				aut.
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Emily Montes		
			Name of Person	
		Windward Homes LLC		
			Firm/Company	
		43 Suzanne Drive		·a.s
			Address	
		Santa Rosa Beach, FL 324	59	
			City/State and Zip Code	
		emilyemontes@gmai.com	. 1	
For furth	er information c	n-man address: ( oncerning this matter, please c	to be used for future annual report noti	iication)
		oncerning this matter, picase c		
Emily Montes		310 968-0675 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>\$25.</b> (	00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Windward Homes LLC		
(Name of the Lim	ited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited I		and assigned
lorida document number L22000103063		
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	20
		20231/07
		. · · ·
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inter new mailing address, if applicable:	70	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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		on a
3. If amending the registered agent and/or		enter the name of the new regi
gent and/or the new registered office addr	ess nere:	140,16
Name of New Registered Agent:	Emily Montes	
Name of New Negistered Agent.		
New Registered Office Address:		
	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

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jessica Semmel	43 Suzanne Drive	
		Santa Rosa Beach, FL 32459	<b> </b>
			□Change
			□ Add
			Remove
			Change
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the	applicable statutory	(option or more than 90 days after filling requirements, this	Onal) filing.) Pursuant to 605.020 s date will not be listed a
record specifies a delayed effective is filed.	ve date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of: (b	) The 90th day after the
November 10 Dated	2023			
Alcu	·	· ·		
3	-3	or authorized represent		Neath.