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(Business Entity Name)	
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6/14/24

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Rower	Windson UC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Herma	nn Krassler	
	Powe	wwindsun UL Firm/Company	
	218 Cammercia	al Blvd. suik	106
	Candedale by the	City/State and Zip Code	
	E-mail address: (est, fl@goode mail con to be used for industry financial report noti	ication)
For further information c	concerning this matter, please c	ų ų	,
Hermann	Kussler	at (954) <i>696</i> -3	304
Name o	it Person	Area Code Daytim	e Telephone Number
linclosed is a check for the	he following amount:		
¥\$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	LI \$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 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

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now Limited Liability Com	appears on our records	<u>v.</u> }
The Articles of Organization for this Limited Liability Co		on <u>05 (17/201</u>	7 and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ed liability compa	any here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on	our records, <u>enter t</u>	
	Ent	er Florida street address	
	(P)	, Flo	rida
New Registered Agent's Signature, if changing Registered			хр Code
hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and consecutive to the obligations of my position as registered agencing filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in inplete performan int as provided fo	ce of my duties, and r in Chapter 605, F	d I am familiar with and S.S. Or, if this document is
	If Changing Register	red Agent, <u>Signature of</u>	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
AMBR	Jaqueline Frode	218 Commercial Blid suite 10	8 ≱∧dd
	·	218 Commercial Blid suite 10 Landerdale - by - the - sea	□Remove
		FL 33308	□Change
			🗆 Add
			□Remove
			□Change
			Dadd
			□Remove
			Change
			□Add
			□Remove
			🗆 Change
			DAdd
			□Remove
			_ □Change :
			DAdd
			DRemove
			□Change

Page 2 of 3

	<u>.</u>
	
	
	·
Effective date, if other than the date of filing:) Pursuant to 605.0207 will not be listed as
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o The 90th day after the record is filed.	on the earlier of
Dated 05/21/2024 /	
Marke New	
Signature of a member or authorized representative of a member	
ttermann Kynssler	