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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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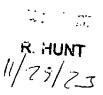
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COVER LETTER

	gistration Se ision of Cor			
011151027	Windy Hill	Holdings, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
T	i i izi.	• · · · • · · · · · · · · · · · · · · ·	arman e dera a	
		Amendment and fee(s) are sub indence concerning this matter		
ricase temin	ran correspo	ndence concerning this matter	to the following.	
		James Nix		
			Name of Person	
		Windy Hill Holdings, LLC		
			Firm/Company	
		3561 Waterchase Way Eas	t	2023
		Jacksonville, Florida 3222	4	29
			City/State and Zip Code	2023 1: JY 29 PH 12: 40
		JimmyNix i 976@gmail.con	to be used for future annual report notification	<u> </u>
For further i	nformation c	oncerning this matter, please c	·	0
James Nix	-		904 509-5629	
Name of Person			at ()	ephone Number
	Nank	er cison	Area Code Payunk Ten	privite (varioe)
Enclosed is	a check for tl	ne following amount:		
□ \$25.00	Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	illing Addres gistration S vision of C		Street Address: Registration Section Division of Corpora	
P.O. Box 6327			The Centre of Talla	hassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Windy Hill Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 07,2023 and assigned Florida document number L23000069533

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

. Florida

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
MGR Courtney Nix	3561 Waterchase Way b	East
	Jacksonville, Fl 32224	□Remove
		□ Add
		□Kemove
		□Change
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etive date, if other than the date of filing:  ffective date is listed, the date const be specific and cannot be  If the date inserted in this block does not meet the a	prior to date of filing or	more than 90 days after file	ing.) Pursuant to 605
ment's effective date on the Department of State's rec		nig requirements, this e	are will not be list
ord specifies a delayed effective date, but not an effect filed.	ive time, at 12:01 a.n	i. on the earlier of: (b)	The 90th day afte
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Filing Fee: \$25.00