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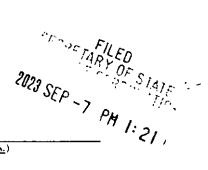
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DocuSign Envelope ID: 5A336134-97FD-48BA-9734-513E6DF0A5C0 COVER LETTER TO: Registration Section Division of Corporations Windsor South LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: D. Abernathy Name of Person Orrick, Herrington & Sutcliffe LLP Firm/Company 400 Capitol Mall, Suite 3000 Address Sacramento, CA 95814 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: D. Abernathy Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope 1D: 5A336134-97FD-48BA-9734-513E6DF0A5C0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Windsor South LLC

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

Florida document number L23000128879		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab		
The new name must be distinguishable and contain the words "Limited Liab		
Enter new principal offices address, if applicable:	350 Lincoln Rd. 2nd Floor	
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139	
	350 Lincoln Rd. 2nd Floor	
Enter new mailing address, if applicable:	Miami Beach, FL 33139	
(Mailing address MAY BE A POST OFFICE BOX)	Primiti Deach, 112 55 to 7	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere	
Name of New Registered Agent:	address on our records, enter the name of the new registere	
agent and/or the new registered office address here:	address on our records, enter the name of the new registered and the new registered address.	
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address, Florida City Zip Code	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent	Enter Florida street address, Florida City Zip Code	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida	

DocuSign Envelope ID: 5A336134-97FD-48BA-9734-513E6DF0A5C0 trainenting Authorized rerson(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
			□Add
			□Remove
			□ Change
		<u></u>	□Add
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O. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>Note:</u> T	e date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	September 5 2023
	OccuSigned by:
	Signature of a member or authorized representative of a member
	Sergio Salas
	Typed or printed name of signee

Filing Fee: \$25.00