623000494711

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

POLLENWIND LLC	C	_			
Please Debit FCA000	000003 For: ²⁵	_			
Thank you Seth Neel	ey				
Stal			Art of Inc. File		
			LTD Partnership File	-	
			Foreign Corp. File		
			L.C. File	202:	
			Fictitious Name File	2023 NOV	
			Trade/Service Mark	- 	712
			Merger File	7	34.1 He
			Art, of Amend. File	풀	74
			RA Resignation	PK 12: 40	
			Dissolution / Withdrawal	0	7
			Annual Report / Reinstatement		
			Cert. Copy		,
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			Certificate of Good Standing		
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			Corp Record Search		
1 ,			Officer Search		
Signature			Fictitious Search		
		-	Fictitious Owner Search		
			Vehicle Search		
		_	Driving Record		
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Name	Date Time		UCC 11 Search		
			UCC 11 Retrieval		
Walk-In Section Walk-In Section	Will Pick Up		Courier		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLLEN WIND LIC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 11/0	1/2023 and assigned
Florida document number 1.23000494711		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company her	<u>c</u> :
POLLENWIND LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		ده ح
		2003 2003 2003
		ı
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our rec	ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida Zip Code
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			□ ∧dd			
			□Remove			
			□Change			
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			Remove			
			□Change			

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Typed or printed name of signee

SOBRERO, JAVIER