## 124000143872

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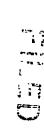
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	1 WINDWARD	ted Liability Company	
	Name of Entire	cu Enomy Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspon	ndence concerning this matter t	o the following:	
	AILEE	NEWD U.S.T. Name of Person	
	127/_	WINDWARD LLC Firm/Company	
		SCEDLA AVE.	
	WINTER	e PARK FL S	32 <i>789</i>
	ANEWQUIST E-mail address:	DERCEPTION CO	OS.COM S
For further information co	oncerning this matter, please ca	If:	
AILEEN Name of	NEWQULT Person	at ( <u>561)</u> <u>818 - 1</u> Area Code Daytine	AS. COM Cation)  Telephone Number  Telephone Number  Telephone Number
Enclosed is a check for the	e following amount:		TATE
□ \$25.00 Filing Fee	□ \$30.00 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)
#35 pais	L		
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta	orations Illahassee
Tallahassee F	1 52314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 3-25-24 and assigned adocument number 1-24000143872	gned
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 "L.L.	C."
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 agent and/or the new registered office address here:	registered A
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	46
	<del></del>

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 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>	Name	Address	Type of Action
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		WINTER PARK FL 32789	temove
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in effective date is ote: If the date :	other than the da listed, the date must be inserted in this block ive date on the Depa	specific and canno does not meet th	it be prior to date of the applicable statu	filing or more than 9	(optional 0 days after filing ments, this date	g.) Pursuant te	ው 605,020 fisted as
record specifies : is filed.	a delayed effective da	ate, but not an eft	lective time, at 12	:01 a.m. on the ea	rlier of: (b) T	he 90th day	after the
ited	5/24		·	esentative of a men			
' '	/Lina i/I						
	(M/fu	wount	r or authorized repr	esentative of a men	ber		=