# 124000400957

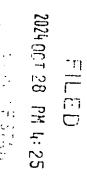
(Req	questor's Name)
(Add	tress)
(Add	iress)
(City.	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
	DEL: - 6 2024

Office Use Only



500437773465

10/17/24--01011--013 \*\*25.00





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

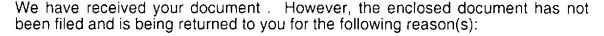
JECKIE E NOV 22 2021

November 4, 2024

5DANIEKKE ELIZABETH JONES 311 CARIBBEAN DRIVE EAST SUMMERLAND KEY, FL 33042 US

SUBJECT: LEEWARD FINANCIAL PLANNING, LLC

Ref. Number: L24000400957



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 424A00024172

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Leeward Fir	nancial Planning, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Danielle Elizabeth Jones		
		Name of Person	
	<del></del>	Firm/Company	
	311 Caribbean Drive East		
		Address	
	Summerland Key FL, 330-	42	
	daniellelwmfp@outlook.co		<del> </del>
	E-mail address: (	to be used for future annual report not	fication)
For further information co	oncerning this matter, please co	all:	
Danielle Elizabeth Jones		305 393-4511 at ()	
Name of	Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	e following amount:		
■ \$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)

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

# **COVER LETTER**

< 1

TO:

Registration Section Division of Corporations

CLEARS AND CHAR	inancial Planning, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Danielle Elizabeth Jones		
		Name of Person	
		Firm/Company	
	311 Caribbean Drive East	<u> </u>	
	Summerland Key FL, 330	Address 42	
	daniellelwmfp@outlook.co	City/State and Zip Code m to be used for future annual report no	tification)
For further information of	concerning this matter, please c		
Danielle Elizabeth Jones		305 393-4511 at ()	
Name c	d Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee (Already Sent a Check on 10/04/2020	S30.00 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)
Mailing Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 OCT 28 PM 4: 25

Leeward Financial Planning, 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  $\frac{09/13/2024}{}$ and assigned Florida document number \_\_\_\_L24000400957 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: D.E.J. Blue Horizons, LLC 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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 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	
AMRR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
<del></del>			□ Add
		<u></u>	□Remove
			□Change
			🗆 Add
			Remove
			□Change
			Remove
			□ Change
			□Remove
			□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	•
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
E 0.00	
(It'an et <u>Note:</u>	(optional) Tective date, if other than the date of filing:
If the reco record is f	rd 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 filed.
Dated	November 18th 2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	typed or printed name of signee

Filing Fee: \$25.00