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| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Trade Winds of Jax LLC 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: |
| Dianne Alexander Name of Person |
| Tradewinds of Jay UC |
| 955 Edgewood Ave So |
| Jay., FL 32205 City/State and Zip Code |
| E-mail address: (to be used for future annual eport notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: S25.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Tradewinds of Jay (2C

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

(A Florida Limited Liability Company)

| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on ou Liability Company) | r records.) |
|---|---|---------------------------------------|
| The Articles of Organization for this Limited Liability Company | y were filed on | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 2024 SEC |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records | *** |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | et address |
| | | Florida |
| | City | Zip Code |

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 | \wedge . | Address | | Type of Action |
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| ffective | re date, if other than the date of filing: | (antianal) |
| an effecti ote: If t | etive date is listed, the date must be specific and cannot be prior to date of filing or f the date inserted in this block does not meet the applicable statutory filent's effective date on the Department of State's records. | (optional) more than 90 days after filing.) Pursuant to 605.0207 ing requirements, this date will not be listed as |
| record s _l is filed. | specifies a delayed effective date, but not an effective time, at $12.01~\mathrm{a.m}$ d. | n. on the earlier of: (b) The 90th day after the |
| ated | | |
| | Signature of a member or authorized representation | ve of a member |
| | Typed or printed name of signee | re or a member |