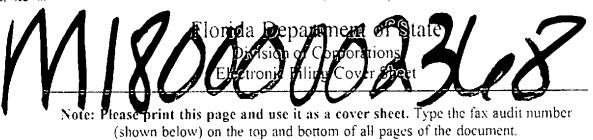
11/22/22, 4:32 PM

o:

Division of Corporations

16144554862



(((H220003983753)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA BOCA WINDS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55,00

2022 14.

Electronic Filing Menu Corporate Filing Menu

Help

T LEMEUX NOV 28 2022

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of
State: Florida Boca Winds LLC	
Enter new principal office address, if applicable:	67 Hunt Street, Suite 206
(Principal office address MUST BE A STREET ADDRESS)	Agawam, MA 01001
Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	67 Hunt Street, Suite 206 Agawam, MA 01001
2. The Florida document number of this limited lie	ability company is: M18000002368
4. Date authorized to do business in Florida: Man SECTION II (5-9 complete only the applicable 5. New name of the limited liability company:	changes) st contain "Limited Liability Company," "L.L.C.," or "L.L.C.) for the purpose of transacting business in Florida and attach a
must contain "Limited Liability Company," "L.L.	CF 2: 1
6. If amending the registered agent and/or registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Plorida
	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registern.	int and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
If C	hanging Registered Agent, Signature of New Registered Agent

Page: 5 of 5

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Action	
			□∧dd	
			□Remo	
			□Add	
			⊟Remo	
			DAdd	
	·	Agricultural designation of the second secon		
			□∧dd	
			⊟Remo	
			□Add	
aforementioned and	icate, if required: no more than 9 lendment(s), duly authenticated b he law of which this entity is org	by the official having custody of records in the	CIRemo	

the manager of Nepsa Manager LLC, the manager of Florida Boca Winds LLC

Typed or printed name of signee

Filing Fee: \$25.00