

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLAVORS-THE HOUSE OF WINGS, LLC

DOCUMENT NUMBER: L18000153693

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIJAH BANKS

Name of Contact Person

Firm/ Company

651 YELVINGTON ROAD

Address

EAST PALATKA, FL 32131

City/ State and Zip Code

COR2THEDRAM@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEON HILL

386

325-0026

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2019

ELIJAH BANKS
651 YELVINGTON RD
E PALATKA, FL 32131

SUBJECT: FLAVORS-THE HOUSE OF WINGS, LLC
Ref. Number: L18000153693

We have received your document for FLAVORS-THE HOUSE OF WINGS, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 819A00016655

2019 AUG 28 AM 10:46

RECEIVED

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>	<u>Address</u>	<u>Type of Action</u>
MGR	E'MONIE BANKS	651 YELVINGTON ROAD	<input type="checkbox"/> Add
		EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	E'LEXUS BANKS	651 YELVINGS ROAD	<input type="checkbox"/> Add
		EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LECINDA KING	6401 ST. JOHNS AVE #133	<input checked="" type="checkbox"/> Add
		PALATKA, FL 32177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RETERRIO D. BROOKS	607 MADISON STREET	<input checked="" type="checkbox"/> Add
		PALATKA, FL 32177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOT APPLICABLE

Lined area for amending information, currently empty.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 26, 2019

Handwritten signature of Lecinda King

Signature of a member or authorized representative of a member

LECINDA KING

Typed or printed name of signee