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Certified Copies	Certificates	s of Status
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Office Use Only



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OR AUG 27 PH 12:

T. HAMPTON

AUG 28 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Winghouse of Jacksonville, 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:					
Cynthia Sarsen (Name of Person)					
Ker management Servicus, LLC (Firm/Company) 7491 Umguton Kd., Swite B					
7491 UMGUTON Kd., SWHEB					
Calego, FL 33771 (City/State and Zip Code)					
For further information concerning this matter, please call:					
CYNTHIC SURSEN at (727) 451 – 3552 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Winghouse of Name of the Limited Lia (A Flo	bility Company as it no orida Limited Liability C	ow appears on our records.) ompany)		
The Articles of Organization for this Limited Liabi		d on 12/11/2003	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability com	pany here:		
Winghouse XIV, LLC The new name must be distinguishable and end with the 'L.L.C."	e words "Limited Liabil	ity Company," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		and	
Principal office address MUST BE A STREET A	(DDRESS)		A C C C C C C C C C C C C C C C C C C C	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		FILED AUG 27 PN 12 OF ETARY OF STATE WHASSEE, FLORIDA	
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
-		, Florida _	(7) (2 l)	
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name **Address Type of Action** ☐ Add ☐ Remove ☐ Add _ Add Remove _ Add Remove **□** Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated AVGUST Signature of a member of authorized representative of a member crawford Ken Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00