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COVER LETTER

Division of Cor			
HARPER, SUBJECT:	WING & WEBER, PL		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GEORGE F. WING		
		Name of Person	
	HARPER, ŴING & WEB	ER, PL	
Firm/Company			
	595 WEST GRANADA BLVD, SUITE I		
	Address		
	ORMOND BEACH, FL 32174		
		City/State and Zip Code	· · · · ·
•	GEORGE@WWCOCPA.C		
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	all:	
GEORGE F. WING		386 677-6625	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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 FILED. TO ARTICLES OF ORGANIZATION JUL -6 PM 4: 07

HARPER, WING & WEBER, PL

(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 MAY I	3, 2002 and assigned
Florida document number L02000011949		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
WING, WEBER & CO, PL		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
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 o registered agent and/or the new registered office address her Name of New Registered Agent:		r records, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida s	treet address
		Placida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
		-	
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
		~~~~~	Add
			□ Remove
			Change

•	
	
	ALC:
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prio Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's records	r to date of filing or more than 90 days after filing.) Pursuant to 605.0207 cable statutory filing requirements, this date will not be listed as
the record specifies a delayed effective date, but no) The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of
Dated JULY 1 , 2015	· ·
MATINA	
MATINA	norized representative of a member

Page 3 of 3

Filing Fee: \$25.00