

LD5000116483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

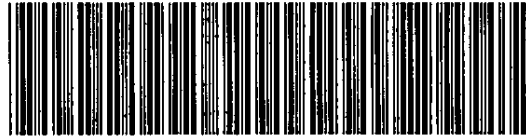
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900283799089

03/25/16--01024--005 \*\*55.00

FILED

2016 MAR 30 P 5:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2016

J. BRUCE

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: WING RECREATION 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:

Lisa Braden

Name of Person

Lisa Braden, P.A.

Firm/Company

4623 Forest Hill Boulevard, Suite 108-1

Address

West Palm Beach, Florida 33415

City/State and Zip Code

lisa@lisabraden.com

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

For further information concerning this matter, please call:

Lisa Braden

Name of Person

at ( 561 )

Area Code

641-1888

Daytime Telephone Number

Enclosed is a check for the 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:

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

2016 MAR 30 P 5:21  
TALLAHASSEE, FL  
SECRETARY OF STATE  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**WING RECREATION LLC**

(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 December 6, 2005 and assigned Florida document number L05000116483.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent**

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	Kenneth M. Wing	113 North Scott Avenue	<input type="checkbox"/> Add
		Sanford, Florida 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael K. Wing	14892 Paddock Drive	<input checked="" type="checkbox"/> Add
		Wellington, Florida 33414	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 18 MAR 30 5:21 PM  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

2016 MAR 30 P 5:21  
SECRETARY OF STATE  
TALLAHASSEE, FLOR

FILED  
2016 MAR 30 P 5:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

Dated March 19<sup>th</sup> 2016

Michael Wing