

L10 000050479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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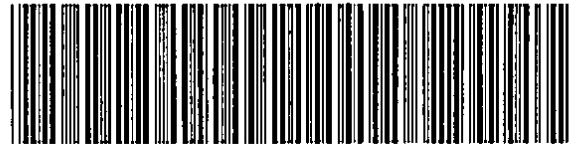
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2021 JUL 12 A 11:24

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2021 JUL 12 PM 1:38

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2021

SHERMAN JOSEPH  
6232 7TH AVE S  
GULFPORT, FL 33707

SUBJECT: BENEATH HIS WINGS LLC  
Ref. Number: L10000050479

We have received your document for BENEATH HIS WINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Summer Chatham  
OPS

Letter Number: 621A00013594

2021 JUL 12 A 11:24

11:57

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Beneath His Wings  
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:

Sherman Joseph  
Name of Person  
Beneath His Wings  
Firm/Company  
6232 7th Ave S.  
Address  
Gulfport FL 33707  
City/State and Zip Code  
Sherman, U. Joseph@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherman Joseph at ( 727 ) 458 9044  
Name of Person Area Code 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 JUL 13 AM 11:24  
FED

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

\_\_\_\_\_  
(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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

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>                      |
|-----------------------------|-----------------------|--------------------------|--|
| <u>CEO</u>                  | <u>Bilan Joseph</u>   | <u>6232 7th Ave S.</u>   | <input checked="" type="checkbox"/> Add    |
|                             |                       | <u>Gulfport FL 33707</u> | <input type="checkbox"/> Remove            |
|                             |                       |                          | <input type="checkbox"/> Change            |
| <del>CEO</del> Pres         | <u>Sherman Joseph</u> | <u>6232 7th Ave S.</u>   | <input type="checkbox"/> Add               |
|                             |                       | <u>Gulfport FL 33707</u> | <input checked="" type="checkbox"/> Remove |
|                             |                       | <u>Pres</u>              | <input checked="" type="checkbox"/> Change |
| <del>CEO</del><br>Vice Pres | <u>Matthew Zook</u>   | <u>5920 Seabird Dr</u>   | <input type="checkbox"/> Add               |
|                             |                       | <u>Gulfport FL 33707</u> | <input checked="" type="checkbox"/> Remove |
|                             |                       | <u>Vice Pres</u>         | <input checked="" type="checkbox"/> Change |
| <u>CEO</u>                  | <u>Kelly Zook</u>     | <u>5920 Seabird Dr.</u>  | <input checked="" type="checkbox"/> Add    |
|                             |                       | <u>Gulfport FL 3307</u>  | <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            |

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END

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

2011 JUL 27

**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

7/7/21

Signature of a member or authorized agent

Shekman Joseph

Typed or printed name of signer