

L12000124762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

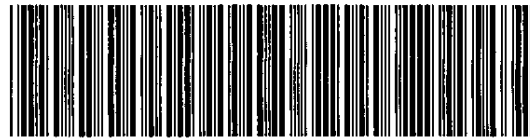
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12 NOV 21 AM 10 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: First Wing Associates, 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:

William R. Huseman

Name of Person

William R. Huseman, P.A.

Firm/Company

3733 University Blvd. West, Suite 305A

Address

Jacksonville, Florida 32217

City/State and Zip Code

whuseman@jaxattys.com

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

For further information concerning this matter, please call:

William R. Huseman

Name of Person

at (904) 448-5552

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED

12 NOV 21 AM 10:45

First Wing Associates, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 October 1, 2012 and assigned
Florida document number L12000124762.

This amendment is submitted to amend the following:

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

NA

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

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 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

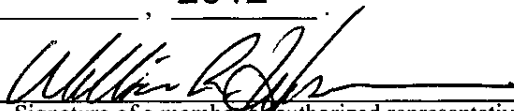
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ajay G. Patel	12701 S. John Young Parkway	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Orlando, FL 32837	
MGRM	Nikesh A. Patel	12701 S. John Young Parkway	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32837	
MGRM	MKBS, LLC	12701 S. John Young Parkway	<input checked="" type="checkbox"/> Add
		Suite 201	<input type="checkbox"/> Remove
		Orlando, FL 32837	
MGRM	Thomas Shipmon	12701 S. John Young Parkway	<input type="checkbox"/> Add
		Suite 201	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32837	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

NA

Dated November 16, 2012



Signature of a member or authorized representative of a member

William R. Huseman, Esq, General Counsel

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00