

Oct. 30. 2018 1:19 PM Nelson & Assoc. No. 0089
U13 000099432 H180003095523

Florida Department of State
 Division of Corporations
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((H180003095523))



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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
 Account Number : I20120000083
 Phone : (305) 593-0829
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 2018 OCT 30 AM 9:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ynelson@taxnelson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 AVON WINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. CLINE
 OCT 31 2018
 EXAMINER

2018 OCT 30 PM 1:06

H180003095523

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H18 000309 5523

AVON WINGS, 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 07/15/2013 and assigned
Florida document number L13000099432

This amendment is submitted to amend the following:

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

PINK WINGS TEAM, LLC

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)

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2018 OCT 30 AM 9:21
CLERK OF CIRCUIT COURT
CLERK OF CIRCUIT COURT

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:

City, Florida 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

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Oct. 30, 2018 1:20PM Nelson & Asso.

No. 2089 P. 3

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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	CARLOS GARCIA (99%)	4220 22ND STREET NE	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MILAGROS GARCIA (1%)	4220 22ND STREET NE	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2018 OCT 30 AM 9:21
CLERK OF COURT
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2018 OCT 30 AM 9:22
BLOOMINGDALE
ILLINOIS
FLORIDA

2018 OCT 30 AM 9:22
JULIA HASSE FLORES
JULIA HASSE FLORES


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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 October 22, 2018

October 22, 2004


Signature of a member

Signature of a member or authorized representative of a member

CARLOS GARCIA

Typed or printed name of signer

14180003095523