

13000108171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

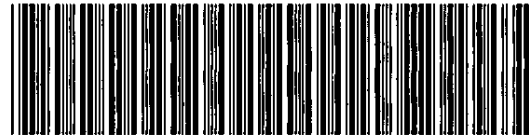
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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10/30/13--01025--009 \*\*25.00

FILED

13 OCT 28 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 30 2013

T. BROWN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 8, 2013

WING FINGER TEES, LLC  
330 COLUMBUS CIR  
LONGWOOD, FL 32750

SUBJECT: WING FINGER TEES, LLC  
Ref. Number: L13000108171

We have received your document for WING FINGER TEES, LLC. However, the document has not been filed and is being returned for the following:

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

We did not receive the last page of the amendment.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 613A00023635

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
13 OCT 28 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Wing Finger Tees, 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 7-31-13 and assigned  
Florida document number L13000108171

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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 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	Jessica Wright	330 Columbus Cir Longwood FL 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mGRM	Melissa Felix	3841 Albright Ln Orlando, FL 32828	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mGRM	Alinger Wright	330 Columbus Cir Longwood, FL 32750	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)*

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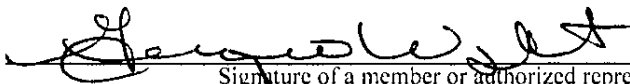
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Dated 10-24-13, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Dinger Wright

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00