

L14000664793

(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



400261774994

07/07/14--01041--024 **25.00

FILED
2014 JUL 28 AM 11:31
CLERK OF SUPERIOR COURT
HAWAII

JUL 31 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2014

DEBBI LARSON
518 SUSAN DR.
LAKELAND, FL 33803

SUBJECT: NATIVE WINGS LLC
Ref. Number: L14000064793

We have received your document for NATIVE WINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00015271

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 28 AM 11:31

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIVE WINGS 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:

Debbi Larson

Name of Person

Native Wings LLC

Firm/Company

518 Susan Dr.

Address

Lakeland, Fl. 33803

City/State and Zip Code

nativewingsllc@gmail.com

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

For further information concerning this matter, please call:

Debbi Larson

Name of Person

at 863 602.6288

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
FILED

2014 JUL 28 AM 11:31

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

Native 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 04.21.2014 and assigned
Florida document number L14000064793.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Deborah A Larson

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

Florida

N/A

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.

Deborah A. Larson
If Changing Registered Agent, Signature of New Registered Agent

FILED
28
11:31
STATE
OFFICE
FLORIDA

MGR = Manager
AMBR = Authorized Member


FILED
2014 JUL 28 AM 11:31
ADD
REMOVE
STATE
FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 06.28.2014



Signature of a member or authorized representative of a member

CHARLES B. SMITH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JUL 28 AM 11:31
CLERK OF STATE
TALLAHASSEE, FLORIDA