## 1140000141793

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(
PICK-UP WAIT MAIL
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(Document Number)
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UNL 3.1 2014 D. BRUCE



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):

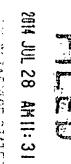
The registered agent must sign accepting the designation.

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



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	NATIVE '	WINGS LLC	
SOMECI.	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	D	ebbi Larson	
		Name of Person	
	Nati	ve Wings LLC	
		Firm/Company 18 Susan Dr.	
		Address	
	Lak	eland, Fl. 33803	
		City/State and Zip Code	
		vingsllc@gmail.com to be used for future annual report notifi	cetion)
For further information of	concerning this matter, please concerning this matter.	•	(Cation)
Debbi Larson		<sub>at</sub> 863 602.62	288
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		□ \$60.00 Filing Fee
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stahus & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Native Win				
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appear I Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Companies of Organization for the Organiz	y were filed on _	04.21.2014	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company h	iere:		
N/A				
The new name must be distinguishable and end with the words "Limited Li	ability Company," the	e designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET ADDRESS)				
4.				
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 registered agent and/or the new registered office address he Name of New Registered Agent:	e <u>re</u> :	n our records, <u>enter</u> rah A Larson	the name of the nev	
- · ·		N/A		
New Registered Office Address:	Registered Office Address:  Enter Florida street address			
	N/A	, Florida	N/A	
<del></del>	City	, Fiorida	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	ıt:			
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of s provided for in ce address, I here SIDONAL.	f my duties, and I am f Chapter 605, F.S. Or,	amiliar with and if this document is a site of the transfer of	

If amending the Managers of Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Address</u> **Type of Action Title** Name 518 Susan Dr. Deborah A Larson **AMBR ■** Add Lakeland, Fl. 33803 □ Remove \_\_ Add ☐ Remove ☐ Remove □ Add ☐ Remove \_ 🗆 Add □ Remove

Effective date, if other than the date of filing:  (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  O6.28.2014  Signature of a member or authorized representative of a member	If amending	any other information, enter	change(s) here: (Attach add	litional sheets, if necessary.)
(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  O6.28.2014				
(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  O6.28.2014				
(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  O6.28.2014				
(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  O6.28.2014				
Charles & Smith	(The effective da	te must be specific, cannot be prior to	date of receipt or filed date and carr	(optional) not be more than 90 days after
Signature of a member or authorized representative of a member	Dated	06.28.2014	9	
Signature df a member or authorized representative of a member		Marle L	Smith	
CUMIES & SMINI		Signature of CUMPI'S B	a member or authorized represents	five of a member

Page 3 of 3

Filing Fee: \$25.00