Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LECALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WINGS-2-WHEELS LLC

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FEB 26 2015

COVER LETTER

	· ·	COVEREELLER	
	ration Section on of Corporations		
SUBJECT.	VINGS-2-WHEELS LLC		
SUBJECT: _	Name of Lim	ited Liability Company	
	rticles of Amendment and fee(s) are sub	•	
Please return al	l correspondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	*
	Legalzoom.com, Inc.		
	Firm/Company		, , , , , , , , , , , , , , , , , , ,
	100 W. Broadway Suite 100		
		Address	
	Glendale, CA 91210		
		City/State and Zip Code	
	drw400@gmail.com		
	E-mail address: (to be used for future annual report notific	cation)
For further info	rmation concerning this matter, please or	all:	
Imelda Vasqu	ez	at () 962-8600 ex Area Code Oaytime	t 7950
	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a cl	neck for the following amount:		
□ \$25,00 Fili	ng 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**

		3
ARTIC	LES OF AMENDMENT	1/15 1
	TO	200 S
ARTICL	ES OF ORGANIZATION	The second
	OF	757
WINGS-2-WHEELS LLC		36,00 E
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 10/20/201	4 and assigned
Florida document number 1.14000162787		
		
This amendment is submitted to amend the following	3 2	
A. If amending name, enter the new name of the l	limited liability company here:	
RedNeck Renovations LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	isher Florida sireer	
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I herehy accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	ent and agree to act in this capacity d complete performance of my duti d agent as provided for in Chapter tered office address, I hereby confi	tes, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature of New Registered Agent
	Stell sections on viteral Stell	TAME P NA LANG TARE TARREST POR VARIABLE

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____ Remove

	Member being added or removed fro	m our records:	
MGR = M $AMBR = A$	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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			- Granite G
			Remove
			
			Add

D. If amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	(optional) e of receipt or filed date and cannot be more than 90 days after t of State)
Duted 02/24/2015	
June Signature (I a m	ember or authorized representative of a member
0	June L. Waldrop
	Typed or printed name of signee

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Filing Fee: \$25.00

