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COVER LETTER

TO:

Tallahassee, FL 32314

ction porations		
WING LLC		
Name of Limi	ited Liability Company	
Amendment and fee(s) are sub-	mitted for filing.	
	·	
DENNY A ACOSTA		
	Name of Person	
	Firm/Company	 .
6121-15TH ST E UNIT F		
	Address	
BRADENTON FL 34203		
	City/State and Zip Code	
E-mail address: (t	o be used for future annual report notifi	cation)
oncerning this matter, please cr	all:	
	786 320-4119	941-895-9350
Person	Area Code Daytime	Telephone Number
e following amount:		
□ \$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)
s: section	Street Address: Registration Sec	
orporations 7	Division of Corp The Centre of Ta	
	Name of Limitations WING LLC Name of Limitation of Limitation of Limitations Amendment and fee(s) are substituted in the substitute of Limitation of Limi	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: DENNY A ACOSTA

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

C)F
	OF Control of the Con
D & M TOWING LLC	
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company	were filed on FLORIDA and assigned
orida document number L16000156379	and assigned
orida document number	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liah	nility company here
. If all chang hame, the new hame of the finnes han	mit Company netc.
he new name must be distinguishable and contain the words "Limited Liabi	Since Community that designed on 91 LC was the address of LC w.
ne new name most of distinguishable and contain the words. Eximited Datol	my Company. The designation TEEC of the appreviation TEEC.
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	6121 15TH ST E UNIT F
	BRADENTON FL 34203
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office	address on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Now Devices and Office Address.	
New Registered Office Address:	Enter Florida street address

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

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ated	JUNE 10)	2020					
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Filing Fee: \$25.00

Typed or printed name of signee