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SECRETARY OF STATE SHIPS OF CORPORATIONS

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COVER LETTER

Gold Wing	Rentals LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Stanley Hester			
		Name of Person		
	Gold Wing Rentals LLC			
	Firm/Company			
	5859 Mossy Creek Lane	•		
	Address			
	Pace, FL 32571			
		City/State and Zip Code		
	stan.d.hester@gmail.con E-mail address; (1 to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please c		•	
Stan Hester		601 513-5983		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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)	
	INC. ANNINDO	Mark 11 Mark 1		

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

Gold Wing Rentals LLC					
(<u>Name of the Limited</u> (A	Liability Compa V Florida Limited	ny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Lial lorida document number L17000144186	bility Company	were filed on July 05, 2017	and assigned		
his amendment is submitted to amend the follow	ving:				
If amending name, enter the new name of t	<u>he limited li</u> ab	ility company here:			
JA.					
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."		
Enter new principal offices address, if applicable:		5859 Mossy Creek Lane			
Principal office address MUST BE A STREET ADDRESS)		Pace, FL 32571			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA			
s. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:			the name of the		
Name of New Registered Agent.	- NA				
New Registered Office Address:	NA	Enter Florida street address	m		
			1		
		, Florida	Zip Col S		
our Degistered Agent's Signature if shought De		•	9 3		

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>	<u>Name</u>	Address	Type of Action
AMBR	Mackenzie Hester	5859 Mossy Creek Lane	
		Pace, FL 32571	■ Remove
			☐ Change
			☐ Remove
			☐ Change
•			□ Add
			Remove
			Change
			
			□ Remove
			Change
			Remove 9
			Charles 2
			Add P ROCK
			S. ATE

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Hester from	my LLGS a	rtides of a	rganization,	(
in order to	establish	a business	bank	
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account.				
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		·		
fective date, if other than the da	14 February.	2018	(optional)	
n effective date is listed, the date must be	specific and cannot be prior to	date of filing or more than 90 da	ys after filing.) Pursuant to	605.020
ote: If the date inserted in this block	does not meet the applicab	e statutory filing requiremen	ts, this date will not be	listed a
cument's effective date on the Depa	riment of State's records.			
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record specifies a delayed e The 90th day after the record		in effective time, at 12	:U1 a.m. on the ea	irlier (
The John day after the record	is mou.		ಪ	500
, 14 February	2018		37	
ted	,,	•	(78) 8-8	97
(2	2
July Hest	nature of a member or authoriz	ed representative of a member		- 경우 - 경우 - 연구
•//•	•	,	က္	7 (A)
Stanley D. Hester			9	7

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00