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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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2020 JAN 21 AM 7: 12 DEPARTMENT OF STATE DEVISION OF CORPORATION TALLAMASSEF, FLORIDS

FEB 1 7 2020 S. YOUNG Please remove myself, Michael gant as AMBR from Juno Wing Gays LLC FL 180000071752. Thankyou,

COVER LETTER

TO:

Registration Section

Division of Corporations Juno Wing Guys LLC SUBJECT: 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: Michael Gantz Name of Person Firm/Company 750 Ocean Royale Way Apt. 1103 Address Juno Beach, Fl 33408 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Gantz 203 8030262 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: **\$**\$30.00 Filing Fee & □ \$25.00 Filing Fee □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

Juno Wing Guys LLC		NO DAY
(Name of the Limited Liability (A Florida	Company as it now appears on our records. Limited Liability Company)	NAME OF COLUMN ASSOCIATION OF COLUMN ASSOCIA
The Articles of Organization for this Limited Liability Co E180000071752	ompany were filed on	SEE. FLOSIO
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS OF A STREET ADDRESS OF THE ADDRE		or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	- v	

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 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
AMBR	Michael Gantz		
		750 Ocean Royale Way Apt 1103 Juno Beach, Fl 33408	🗆 Add
		750 Cacali Royale Way Apr 1705 Julio Beach, (1755-106	Remove
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	01/01/2020
ffect	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocum	ent's effective date on the Department of State's records.
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	01/15/2020
aicu	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00