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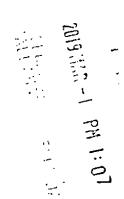
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COVER LETTER

	LEFT WING, LLC		
SUBJECT:	Name of Lim	ited 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:	
	MATTHEW B. ROEPSTO	ORFF, ESQ.	
	GRAYROBINSON, P.A.	Name of Person	
		Firm/Company	
	1414 DEAN STREET, ST	E. 300	
•	FORT MYERS, FL 33901	Address	
	MATTHEW.ROEPSTORF	City/State and Zip Code F@GRAY-ROBINSON.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
MATTHEW ROEPSTO	RFF	239 340.7979 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

RIGHT & LEFT WING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	iability Company w	ere tiled on 06/01/2018	and assign
Florida document number L18000136644	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "I	LC" or the abbreviation "L.L.C.
Enter new principal offices address, if appli	cable:		·
(Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			9 , 100 m
B. If amending the registered agent and registered agent and/or the new registered of	~ "	ce address on our reco	rds, enter the name of th
Name of New Registered Agent:	Matthew B. Roep	storff, Esq.	
New Registered Office Address:	1414 Dean Street	. Ste. 300	
		Enter Florida street ad	dress
	FT. MYERS		Florida 33901
		City	Zip Code
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 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.

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 b or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	Name	Address	<u>Type of F</u>
JASON FRY MGR	1017 E. CAPE CORAL PARKWAY	□ Add	
		CAPE CORAL, FL 33904	
			■ Remov
			Change
			Remove
			Change
			Add
		· 	Remove
			Change
			Remove
		Change	
		□ Remove	
			Change
			□ Remove
			Change

	
	
(If an effect Note: If	tive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
Dated _	Feb 15th . 2019,
	1/HA
	Signature of a member of authorized representative of a member
	SHANNON YATES
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00