

L18000146833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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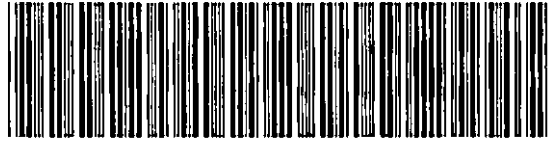
(Business Entity Name)

(Document Number)

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O SIMMONS
JUL 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHEROKEE WINGS LLC
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:

MILO ZONKA

Name of Person

CHEROKEE WINGS LLC

Firm/Company

125 E. MERRITT ISLAND CSWY #107

Address

MERRITT ISLAND, FL 32952

City/State and Zip Code

MILOZONKA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILO ZONKA

321

863-1812

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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**

CHEROKEE WINGS 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 Liability Company were filed on 06/14/2018 and assigned
Florida document number L18000146833.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

125 E. MERRITT ISLAND CSWY #107

MERRITT ISLAND, FL 32952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

125 E. MERRITT ISLAND CSWY #107

MERRITT ISLAND, FL 32952

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MILO ZONKA

New Registered Office Address:

125 E. MERRITT ISLAND CSWY #107

Enter Florida street address

MERRITT ISLAND, FL


City

Florida 32952

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANTON QUIROZ	1013 HAILEY STREET	<input checked="" type="checkbox"/> Add
		WEST MELBOURNE, FL 32904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL FISCHER	1211 EAST NEW HAVEN AVE	<input checked="" type="checkbox"/> Add
		UNIT 603	<input type="checkbox"/> Remove
		MELBOURNE, FL 32901	<input type="checkbox"/> Change
AMBR	AIRCRAFT SALES&LEASING LLC	1793 ROCKLEDGE DRIVE	<input checked="" type="checkbox"/> Add
		ROCKLEDGE, FL 32955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MILO ZONKA	125 E MERRITT ISLAND CSWY	<input checked="" type="checkbox"/> Add
		#107	<input type="checkbox"/> Remove
		MERRITT ISLAND, FL 32952	<input type="checkbox"/> Change
AMBR	JEFFREY R HEFNER	859 LOGGERHEAD ISL DR	<input type="checkbox"/> Add
		SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	JEFFREY R HEFNER		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____ JULY 19 _____ 2018

RMZP

MILO ZONKA

Typed or printed name of signee