

L18000153693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

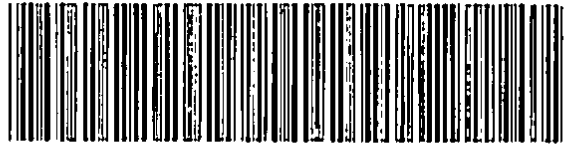
(Business Entity Name)

(Document Number)

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07/12/19 -- 01009 -- 019 -- \*\*35.00

2019 AUG 28 P 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SEP 03 2019

T. LEBREUX

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FLAVORS-THE HOUSE OF WINGS, LLC  
DOCUMENT NUMBER: L18000153693

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIJAH BANKS

Name of Contact Person

Firm/ Company

651 YELVINGTON ROAD

Address

EAST PALATKA, FL 32131

City/ State and Zip Code

COR2THEDRAM@YAHOO.COM

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

For further information concerning this matter, please call:

LEON HILL

at ( 386 ) 325-0026

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2019

ELIJAH BANKS  
651 YELVINGTON RD  
E PALATKA, FL 32131

SUBJECT: FLAVORS-THE HOUSE OF WINGS, LLC  
Ref. Number: L18000153693

We have received your document for FLAVORS-THE HOUSE OF WINGS, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 819A00016655

2019 AUG 28 AM 10:46

RECEIVED

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

FLAVORS-THE HOUSE OF WINGS, LLC

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

**FILED**

2019 JUN 28 P 1:44

The Articles of Organization for this Limited Liability Company were filed on JUNE 22, 2018 and assigned  
Florida document number L18000153693 TALLAHASSEE, FLORIDA

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 "L.L.C."

Enter new principal offices address, if applicable:

1309 REID STREET

(Principal office address MUST BE A STREET ADDRESS)

PALATKA, FL 32177

Enter new mailing address, if applicable:

NOT APPLICABLE

(Mailing address MAY BE A POST OFFICE BOX)

**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:

NOT APPLICABLE

New Registered Office Address:

*Enter Florida street address*

Florida

*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 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>
MGR	E'MONIE BANKS	651 YELVINGTON ROAD	<input type="checkbox"/> Add
		EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	E'LEXUS BANKS	651 YELVINGS ROAD	<input type="checkbox"/> Add
		EAST PALATKA, FL 32131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LECINDA KING	6401 ST. JOHNS AVE #133	<input checked="" type="checkbox"/> Add
		PALATKA, FL 32177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RETERRIO D. BROOKS	607 MADISON STREET	<input checked="" type="checkbox"/> Add
		PALATKA, FL 32177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NOT APPLICABLE

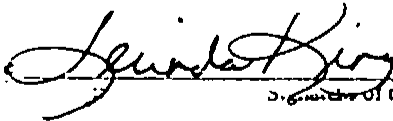
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 AUGUST 26, 2019



\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
LECINDA KING

\_\_\_\_\_  
Typed or printed name of signer