118000254313

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SEGNETION DE PLORIDA

ALLAHASSEE, FLORIDA

JAN 1 0 2019 S. YOUNG

COVER LETTER

Division of Co					
subject:W	ings of Low Name of Lin	Transforfator ited Liability Company	, LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Carolyn Jones -Lewis				
		Name of Person			
	Wings of Love Transporta	tion			
		Firm/Company			
	9456 CR 241			18 D	
		Address		AND REC	
	Wildwood, FL 34785			27 SEE,	1
	. 1'61 4 1' 0 1	City/State and Zip Code	1	FLON FLON FLON FLON	
	nulifebydesign@gmail.com E-mail address: (to be used for future annual report notif	ication)	AlbA)
For further information c	concerning this matter, please c	•	w.		
Carolyn Jones Lewis		352 461-9165			
Name o	of Person		e 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)	Certified (e of Status &	

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**

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000254313	were filed on 10/29/18	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 6
Principal office address MUST BE A STREET ADDRESS)		DEC 7
Enter new mailing address, if applicable:		SEE, FLOO
Mailing address MAY BE A POST OFFICE BOX)		23 23
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	cay	zip cone

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>	Type of Action
VP	Carolyn Jones-Lewis	9456 CR 241	_ _ Add
-		Wildwood , FL 34785	Remove
			■ Change
			Add
			Remove
			☐ Change
			☐ Remove
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ective date, if	other than the	date of filing:			(opti	onal)
effective date is	isted, the date must	be specific and car ick does not mee	t the applicabl	date of filing or mo e statutory filing	re than 90 days after	r filing.) Pursuant to 605. s date will not be liste
	ies a delayed after the reco		e, but not a	n effective ti	me, at 12:01 a	a.m. on the earlie
ed <u>12</u>	1-18	1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00