

L190000 023 079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

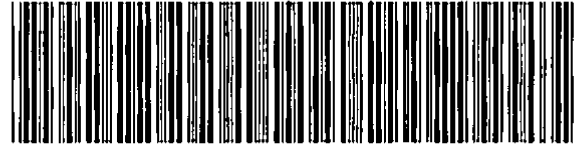
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP - 5 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WING BOX NAVIGATION 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:

Andres Alirio Pinillos Rodriguez

Name of Person

Andres Alirio Pinillos Rodriguez

Firm/Company

4692 Lucerne Lakes Blvd E, Bldg 9, Apt 202

Address

Lake Worth, FL 33467

City/State and Zip Code

support@wingboxnav.com

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

For further information concerning this matter, please call:

Andres Alirio Pinillos

561

7631057

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

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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	JUAN CARLOS TORRES FONSECA	AVENIDA ROJAS MAGALLANES 2312	<input type="checkbox"/> Add
		SANTIAGO DE CHILE, RM. 82716-90 CL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAURICIO DIAZ PACHON	CRA 57 138-66 TORRE 4 APT 301	<input type="checkbox"/> Add
		BOGOTA, DC 11111-1 CO	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL ARIAS CASTELLANOS	CRA 50C 39A-08 SUR	<input type="checkbox"/> Add
		BOGOTA, DC 11162-1 CO	<input checked="" 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

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

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TALLAHASSEE, FLORIDA

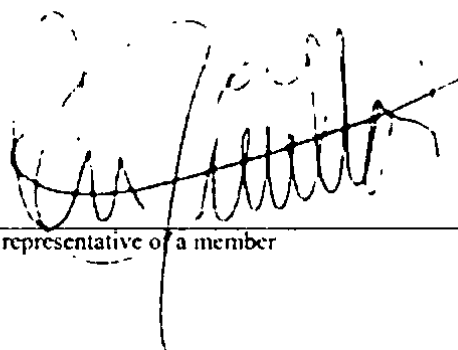
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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 16th, 2019



Signature of a member or authorized representative of a member

Andres Alirio Pinillos Rodriguez

Typed or printed name of signer