119000082748

(F	Requestor's Name)	
	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MA	IL
	Business Entity Name)	
]}	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions t	to Filing Officer:	

Office Use Only



700410816577

ue (50-53 --01035--00€ - **>c°00



Y. SCOTT AUG - 5 2023

COVER LETTER

TO:

Registration Section

Division of Co	rporations			
Diversity &	& Inclusion Advisory Group Ll	LC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David A. Abrams			
		Name of Person	67 11 -	2023 U.Y.
		Firm/Company	 -	
	8534 Gilford Lane	, ,		20
		Address	170	PH . 1
	Orlando, FL 32827			2: 00
	D	City/State and Zip Code		
	DAAbrams21@gmail.com	to be used for future annual report noti	floation	
For further information c	oncerning this matter, please e	•	ileadon)	
David A. Abrams		914 557-1644 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate of Certified Co (additional co)	of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810	ı

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diversity & Inclusion Advisory Group LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our reconsistifity Company)	rds.)	-	
The Articles of Organization for this Limited Liability Company w	ere filed on March 25, 2019		and	d assigned
Florida document number L 19000082748				. 405151140
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
Wingdale Harbors LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	C" or the ab	bre viat io:	n "L.L.C."
Enter new principal offices address, if applicable:			ار 230	r ~
Principal office address MUST BE A STREET ADDRESS)	·		.Z.	
			0	i
			- O] = ;
nter new mailing address, if applicable:			1.3	ب ۲ معب
Mailing address MAY BE A POST OFFICE BOX)		Lu 	00	
. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:	dress on our records, <u>enter</u>	the name	of the	new regis
	Enter Florida street addre.	ss		
		orida		
	City		Zip Co	nde

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>	Address	Type of Action
			□Add
			□Remove
			
			□Add
			□Remove
			□Change
		2023 JUN 20 PH	
		PH 2: 00	□Change □Add
			DRemove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

					
					
	 				
					-
					
				<u></u>	
			۳.	202	
					
				<u> </u>	
			· , ·	0	<u> </u>
			ं क्षा 	PH	;
			= = = = = = = = = = = = = = = = = = = =	_ 	<u> </u>
				-3 -	
					
ote: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of shock does not meet the applicable state. Bepartment of State's records.	of filing or more than 90 days at	tional ter filing his date) Pursu:	ant to 605.02 ot be fisted
ecord specifies a delayed effectis filed.	ctive date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) Ti	ne 90th	day after th
ted June 13	2023				
	M Λ Λ Λ				
	Signature of a member or authorized re	oms			

Filing Fee: \$25.00