

L20 000 174399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

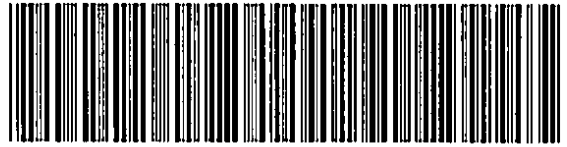
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Terri Hecker  
Auth All corrections  
(10 8/19/20)

Office Use Only



600347392216

07/06/20--01024 -622 \*\*25.00

2020 JUL 6 PM 2:38

f/mend.

AUG 18 2020  
I ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Our Wingood, 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:

Terri Hecox

Name of Person

Firm/Company

10923 North Windsor Avenue

Address

Kansas City, MO 64157

City/State and Zip Code

terriwoods1@gmail.com

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

For further information concerning this matter, please call:

Terri Hecox

660 582-0243  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Our Wingood, 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 6/23/20 and assigned  
Florida document number L20000174399.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

2020 JUL 6 PM 2:18

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if 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:

\_\_\_\_\_

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>                      |
|--------------|-------------------------------------|----------------------------|--|
| AMBR         | Hecox Family Trust dated 9/17/19    | 10923 North Windsor Avenue | <input checked="" type="checkbox"/> Add    |
|              |                                     | Kansas City, MO 64157      | <input type="checkbox"/> Remove            |
|              |                                     |                            | <input type="checkbox"/> Change            |
| AMBR         | Michael J Turner and Janet M Turner | 6722 NW Monticello Terrace | <input checked="" type="checkbox"/> Add    |
|              | Revocable Trust                     | Kansas City, MO 64152      | <input type="checkbox"/> Remove            |
|              |                                     |                            | <input type="checkbox"/> Change            |
| AMBR         | Robert J Hecox                      | 10923 North Windsor Avenue | <input type="checkbox"/> Add               |
|              |                                     | Kansas City, MO 64157      | <input checked="" type="checkbox"/> Remove |
|              |                                     |                            | <input type="checkbox"/> Change            |
| AMBR         | Terri Hecox                         | 10923 North Windsor Avenue | <input type="checkbox"/> Add               |
|              |                                     | Kansas City, MO 64157      | <input checked="" type="checkbox"/> Remove |
|              |                                     |                            | <input type="checkbox"/> Change            |
| AMBR         | Michael J Turner                    | 6722 NW Monticello Terrace | <input type="checkbox"/> Add               |
|              |                                     | Kansas City, MO 64157      | <input checked="" type="checkbox"/> Remove |
|              |                                     |                            | <input type="checkbox"/> Change            |
| AMBR         | Janet Turner                        | 6722 NW Monticell Terrace  | <input type="checkbox"/> Add               |
|              |                                     | Kansas City, MO 64157      | <input checked="" type="checkbox"/> Remove |
|              |                                     |                            | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated June 30, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee