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COVER LETTER

	Registration Se Division of Cor							
SUBJEC		S WINGS AND THINGS						
SUBJE.C	· · · · <u></u>	Name of Limited Etability Company						
The ench	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		DENNIS BARNES						
			Name of Person		-			
			Firm/Company		-			
		1517 MELMIN STREET						
	Address					2920 OCT 27		
		TALLAHASSEE, FL 3230				CT 2		
			City/State and Zip Code					
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	eation)		AM 10: 01	\Box	
	Name o	f Person	at ()	Felephone Numbe	r			
Enclosed	Lis a check for th	ic following amount:						
	00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60,00 F	iling Fee			
		Certificate of Status	Certified Copy (additional copy is enclosed)	Centifici Centifiec	ue of Sta	atus &		
	Mailing Addres Registration 5		<u>Street Address:</u> Registration Sect	ion				

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

Registration Section
Division of Corporations
The Centre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNCLE D'S WINGS AND THINGS		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	-
The Articles of Organization for this Limited Liability C	Company were filed on 08/04/2020	and assigned
lorida document number 1.20000233045	·	
This amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
UNCLE D'S WINGS AND THINGS, LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	2620
		. 8
		~ ~ ~
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		= (
Studing address BLAT BE A FOST OFFICE BOXY		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	ie name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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 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
AMBR	Dennis A. Barnes	1517 Melvin Street	ĐAđđ
		Tallahasca, FL 32301	□Remove
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Note: If the	late, if other than e dose is listed, the date e date inserted in this s effective date on th	is block does not	i meet the applic	able statutory fili	mon than 90 days affing requirements, the	tional) ter filing) P his date wi	ursiant to l	605 0207 listed au	(3)(b) the
		ctive-date, but n	ot an effective ti	me, at 12:01 a.m	. on the cartier of:	(b) The-9	Oth-day-a	fisr-tho-	
no-rocord-spo	oGH1 05 -a-G 0 iayeG-0116								
no-roogra-spo ord is filed.	OBER 26		2020						
h o-rocard-spa ord is filed.		Signature of	Bam	Orized representativ	re of a grap polyur	·- ·- ·- ·- · · · · · · · · · · · · · ·			

Filing Fee: \$25.00