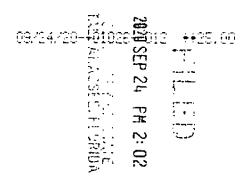
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor				
eun ir	Wings Florida & Beares, LLC				
SORTE	SUBJECT: Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Sandy Edmiston		2828 SEP 24 PH 2: 02	
			Name of Person	SEP	
Sloan & Roberts, PLLC				22	
	Firm/Company				
5151 Belt Line Rd., Ste. 10		050	2: 0 ²		
			Address	Eri ,	
		Dallas, TX 75254			
			City/State and Zip Code		
		tinadhowell7@gmail.com	to be used for future annual report notif	ication)	
For furth	her information c	oncerning this matter, please co	·		
Sandy E	Edmiston		214 987-6070		
Name of Person			Telephone Number		
Enclose	d is a check for th	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wings Florida & Beares, LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 09/08/2020 and assigned
Florida document number L20000279908	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
Wings Florida & Bearss, LLC	
he 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)	ं, हुई (** क्ये
	,
F_4	24
Enter new mailing address, if applicable:	II
Mailing address MAY BE A POST OFFICE BOX	
_	
	でた。2
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	lress on our records, enter the name of the new registe
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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			FD Add
			™ Remove
			© Remove
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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)(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. 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 September 23 2020 Signature of a member or authorized representative of a member Tina D. Howell Typed or printed name of signee

Filing Fee: \$25.00