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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: Wing	Sander Limi	whid Liability Company	y company
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	sander	Mersilus Name of Person	
		Firm/Company	
	<u>649</u> SX	Comore wow	
	or owge pa	City/State and Zip Code Office of the Control of the Used for future annual report not	073
	Wingsander 9 DE-mail address:	o be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Sander Me Name o	r Sel Wo	at (772) 801 Area Code Daytin	3664 ne 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
. <u>Mailing Address</u> Registration		<u>Street Address:</u> Registration Se	
Division of C	•	Division of Co The Centre of	
P.O. Box 632 Tallahassee.			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wing Some of the Limited Liability Compa (Name of the Limited Liability Compa (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000</u> 3243.61	were filed on $10/20/2670$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	hty 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)	649 Sycamore way
	orange paril FL 32073
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	649 ST Camere way
	orange parie FL 32073
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:	1 TAIL TAIL
Name of New Registered Agent:	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
New Registered Office Address:	Enter Florida street address
	Florida N
 	City 71 Zap 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.

H 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
AMBR	Scherwing Desir	1221 Monterey Way	□Add
	, and the second	1221 Monterey Way Laxeland FL 33805	Remove
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Filing Fee: \$25.00