L21000037246

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COVER LETTER

	ration Section on of Corporations	. ,
PI SUBJECT:	LATÍNUM WINGS LLC	•
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	CRAIG A GALICIA	
	Name of Person	
	AMBR	
	Firm/Company	
	6345 MIGHTY EAGLE WAY	
	Address	
	SARASOTA FL 34241	
	City/State and Zip Code	
	cgalicia9@gmail.com	٠
	E-mail address: (to be used for future annual report	notification)
For further info	mation concerning this matter, please call:	
CRAIG A GAI	.ICIA 815 7144330 at ()	
		ytime Telephone Number
Enclosed is a ch	eck for the following amount:	
■ \$25.00 Filin	ng Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLATINUM WINGS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number 1.21000037246	any were filed on JANUARY 19.2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	he abbreviation "L.C."
Enter new principal offices address, if applicable:		(
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	3 1
		<u> </u>
Enter new mailing address, if applicable:		. ကျ ကျ
(Mailing address MAY BE A POST OFFICE BOX)	5557 SABLE WAY ATLANTA GA	X 30349 · ·
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the i	name of the new registers
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, 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>	Type of Action
AMBR	EMILY K ESTRADA OLIVA	6345 MIGHTY WAY SARASOTA FL 34241	□Add
			■Remove
			□Change
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			□Remove
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record specifies a delayed effective is filed.	late, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after
ated July 15	2022		
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