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(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:	
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Amend.	Amend.

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			•
KathyWing	gs LLC	,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kathleen M. Eich		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	KathyWings LLC		
		Finn/Company	···
	1747 SW Shady Lake Ten	Name of Person gs LLC Firm/Company Shady Lake Terrace Address FL 34990 City/State and Zip Code O@gmail.com E-mail address: (to be used for future annual report notification) matter, please call:	
		Address	
	Palm City, FL 34990		
		Name of Person Firm/Company ake Terrace Address 90 City/State and Zip Code il.com ddress: (to be used for future annual report notification) please call: at (561 / Area Code) Area Code Tayling Fee & Certificate of Status & Certificate	
	kathyeich2.0@gmail.com		
			ification)
For further information c	oncerning this matter, please c	all:	
Kathleen M. Eich			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration 9			ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632			
Tallahassee, I	112 242 19	Z#10 IN, IVIOHIC	Je Succi, Suite 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KathyWings LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	inv as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited L	iability Company	were filed on June 7, 20	221 and assigned	
Plorida document number 1.21000262107	·			
his amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:		
he new name must be distinguishable and contain the v	vords "Limited Liabi	hty Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	1747 SW Shady Lake Terrace		
Principal office address MUST BE A STREET ADDRESS)		Palm City, FL 34990		
		<u></u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		1747 SW Shady Lake	Тегтасе	
		Palm City, FL 34990		
3. If amending the registered agent and/or in a sent and/or the new registered office addre		address on our records	s, enter the name of the new registe	
Name of New Registered Agent:	Kathleen M. Eich			
New Registered Office Address:	1747 SW Shad	y Lake Terrace		
		Enter Florida stre	et address	
	Palm City		Florida <u>34990</u>	
		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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kathleen M. Eich	1747 SW Shady Lake Terrace	
		Palm City, FL 34990	
			DAdd
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			□Change
			Петюче
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			□Remove
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Do	ock does not meet the	: applicable statuto	ing or more than 90 d ry filing requireme	_ (optional) ays after filing.) Pursuar ints, this date will not	nt to 605.0207 (be listed as t
e record specifies a delayed effective rd is filed.	: date, but not an effe	ective time, at 12:0	I a.m. on the carlid	er of: (b) The 90th d	lay after the
Dated August 3	2022	2			
Kathlam M	1. Euch Signature of a mambar	or authorized tenres	entative of a member		
	organitate of a member	o, magiorizar repres	onamire of a member		

Filing Fee: \$25.00