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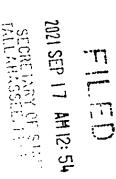
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)	
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer:	
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Office Use Only



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To whom it may concern,

Please remove wael Hussein A. Baeshen from the member List for

TGWINGS LLC as per the enclosed Articles of Amendment Form.

Thank you

Wael Bashen

2 1

(786) 961-5651

Return Address (ADDRESS LLC)

"F Needed | G21 Bay Rd #1105

MIAMI BEACH, FLI

33139

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	TGWin	gs LLC	
SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	W/	AEL HUSSEIN A BAESHEN	
		Name of Person	
		TGWings LLC	
		Firm/Company	
	8960 SW	199th St	
		Address	
	Miami	Florida 33157	
		City/State and Zip Code	<u></u>
		eshenwael@gmail.com to be used for future annual report not	ification)
For further information of	oncerning this matter, please c		,,,,
	HUSSEIN A BAESHEN	786 9615651	
_	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed 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 Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee. I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 17 AH 12: 54

TGWings LLC			sector:	TARY OF SINE
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appoted Liability Company	ears on our records	Assee ruti
The Articles of Organization for this Limited I	Liability Comp	any were filed on _	26th July 2021	and assigned
Plorida document number 1.21000338521				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited l	liability company	<u>here</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited L	iability Company." th	e designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	2		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OF FICE	E BOX)	N/A		
B. If amending the registered agent and/or agent and/or the new registered office address.	<u>ess here</u> :	ice address on out	r records, <u>enter the </u>	name of the new regist
Name of New Registered Agent:	N/A		<u> </u>	
New Registered Office Address:	N/A			
		Enter F	Torida street address	
			Florida	a
		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	WAEL HUSSEIN A BAESHEN	8960 SW 199th St Miami Florida 33157	🗀 Add
			■Remove
			□Change
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	C .1 .1 .1	1.4. C.E.L				(optional)	
effective date i	s listed, the date m	ne date of filing nust be specific and	l cannot be prior	to date of filing o	r more than 90	days after filing.)	Pursuant to 605.02
<u>e:</u> If the date	inserted in this l	block does not n Department of S	neet the applic tage's records	able statutory f	iling requirem	ents, this date w	all not be listed
iniche s chec	ive date on the	rzepartinene (* 1.	Time of teeth dist	•			
and openities	a dalayed effect	live date, but not	an effective ti	me at 12:01 a	m on the earl:	ier of: (b) The	90th day after il
filed.	a delayed effect	ive date, that not	iii ciicciiic ii	met at 12m a		(i,)	•
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WAEL HUSSEIN A BAESHEN

Typed or printed name of signee