

9/13/21, 10:50 AM

Division of Corporations

L21000338309 399540

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXPROS OF CLERMONT LLC
Account Number : I20210000146
Phone : (352)660-1026
Fax Number : (800)466-5730

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 SEP 28 AM 10:17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEBBIE STEWARD LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

SEP 29 2021

A. LUNT

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STATE OF FLORIDA
TALLAHASSEE

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COVER LETTER

" H21000338309
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2021 SEP 28 AM 10:17

TO: Registration Section
 Division of Corporations

SUBJECT: DEBBIE STEWARD LLC

 Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBBIE STEWARD

 Name of Person

DEBBIE STEWARD LLC

 Firm/Company

3855 BEACON RIDGE WAY

 Address

CLERMONT FL 34711

 City/State and Zip Code

ADMIN@TAXPROSOFCLERMONT.COM

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID NAMENIUK

352 660-1026
 at ()

 Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:

Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

" H210003383093 "

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CHANGE THE COMPANY NAME FROM DEBRIE STEWARD LLC TO WINGZZZ LLC.

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CLERK OF STATE
DIVISION OF CORPORATION
2021 SEP 28 AM 10:17

E. Effective date, if other than the date of filing: 09-13-2021 (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 09-13-2021

David Nomeniuk

Signature of a member or authorized representative of a member

DAVID NAMENIUK

Typed or printed name of signee