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

: (800)466-5730 Fax Number

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

| Email | Address: |  |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEBBIE STEWARD LLC

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## **COVER LETTER**

Registration Section TO: **Division of Corporations** DEBBIE STEWARD LLC SUBJECT: \_\_ ... 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 PL 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 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fcc, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ₩ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

" H21000338

| DEBBIE STEWARD LLC   |   |                                     |
|--|---|-------------------------------------|
| (Name of the Limited I   | jability Company as it now appears on our recolorida Limited Liability Company) | ords.)                              |
| The Articles of Organization for this Limited Liabi                                  |   | -                                   |
| Florida document number L21000399540   |   |                                     |
| This amendment is submitted to amend the following                                   | ng:   |                                     |
| A. If amending name, enter the new name of th  | c limited liability company here:   |                                     |
| WINGZZZ LLC  |   |                                     |
| WTNGZZZ LLC  The new name must be distinguishable and contain the words              | s "Limited Liability Company," the designation "                                | LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicabl                                    |   |                                     |
| (Principal office address MUST BE A STREET   | (IDDRESS)   |                                     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO) |   |                                     |
| B. If amending the registered agent and/or registered office address b               | istered office address on our records, <u>er</u><br>nere:                       | nter the name of the new registered |
| Name of New Registered Agent:  |   |                                     |
| New Registered Office Address:   | Enter Florida street a  | idress                              |
|  |   | . Florida                           |
|  | Ciry  | , Florida                           |

## New Registered Agent's Signature, if changing Registered Agent:

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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.

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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 = N $AMBR = A$ | lanager<br>authorized Member |         |   |
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|               | e date, if other than the date of filing: (optional)  |                     |
| n effec       | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu  | uant to 605.0207 (3 |
| <u>te:</u> I: | the date inserted in this block does not meet the applicable statutory filing requirements, this date will rules effective date on the Department of State's records. | ot be listed as th  |
| CHIRC         | it sellective date on the Department of Build 3 records.  |                     |
| .cord         | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th  | ı day after the     |
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| ted _         | 09-13-2021  |                     |
|               | Signature of a member or authorized representative of a member  |                     |
|               |   |                     |