

10/6/21, 10:41 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2021 OCT -6 AM 11:01

TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : TAXPROS OF CLERMONT LLC
Account Number : 120210000146
Phone : (352)660-1026
Fax Number : (800)466-5730

*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
WINGZZZ LLC

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

TALLAHASSEE, FLORIDA

2021 OCT -6 PM 2:58

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Corporate Filing Menu

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COVER LETTER

" H 210003738393 "

TO: Registration Section
Division of Corporations

SUBJECT: WINGZZZ 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:

DAVID NAMENIUK

Name of Person

TAXPROS OF CLERMONT LLC

Firm/Company

3862 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

Name of Person

352

660-1026

at (_____) _____

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

" H21000399540 "

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINGZZZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09-08-2021 and assigned
Florida document number L21000399540.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4125 W. NASSAU ST

(Principal office address **MUST BE A STREET ADDRESS**)

TAMPA FL 33607

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

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2021 OCT 16 PM 2:58
TAMPA FLORIDA

11/12/2020 03:38:39 PM

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>
AMBR	DEBBIE STEWARD	3855 BEACON RIDGE WAY	<input type="checkbox"/> Add
		CLERMONT, FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEBORAH STEWART	3855 BEACON RIDGE WAY	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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