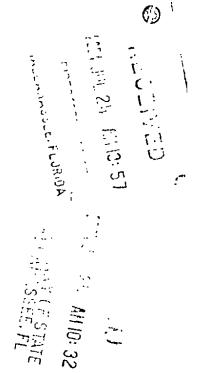
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	Requestor's Name)	
	Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAH.
(Business Entity Name)	
	Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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07/2424

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 07/23/24 Order #: 1573293-1

Re: Wingn Enterprises LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

WHOM IT MAY CONCERN:

closed please find:

Amount to be deducted from our State Account: \$125.00 - FL State Account Number: 12000000195 **AUTH**

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINGN EN	NTERPRISES LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on JULY 10, 2024 and assign	ned
Florida document number L24000301612		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
WINGNTZ ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C	2.1
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	7	
They a office address most be not received		
Francis of the Line of the Line		
Enter new mailing address, if applicable:	TO THE STATE OF TH	•
(Mailing address MAY BE A POST OFFICE BOX)		
	<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, enter the name of the new re	egist
New Registered Office Address:	Enter Florida street address	
	Enter Fioriaa street address	
	, Florida	
	City Zip Code	

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			Remove
			□Change
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fective date, if other than the d	ate of filing:				(optiona	d)	
on effective date is listed, the date must be stated. If the date inserted in this blocument's effective date on the Dep	k does not meet the	applicable	statutory fi	r more than 96 ling require	nents, this da	ng.) Purst ite will n	ot be listed a
edition is effective date on the Dep	arment of State 8 fe	cords.					
ecord specifies a delayed effective of is filed.	date, but not an effec	ctive time,	at 12:01 a.i	n. on the ea	lier of: (b)	The 90th	day after th
ted JULY 23	, 2024						