

M19000010744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

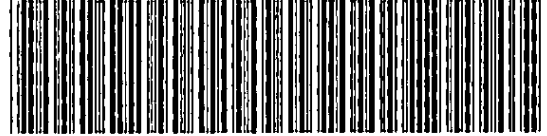
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2021 JAN 22 PM 3:37
SEC. OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 27 2021

WI

AVIATION GROUP, LLC

Jerry

TO:

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FROM:

Wing Aviation Group, LLC
637 Palm Drive
Suite 101
Ocoee, FL 34761

RE: Wing Aviation Group, LLC

Letter Number: 720A00025725

Florida Document Number: M19000010744

Dear Terry Schroeder,

Please see attached paperwork for removal of Timothy Lomakin (Made Strong2Tim2, LLC) as owner, manager etc. of Wing Aviation Group, LLC.

I have attached your letter as well as all supporting documents.

If you have any questions, please free to call my cell at 302.593.0301 or email me at amber.martin@wingaviationgroup.com.



Amber M. Martin
Chief Operating Officer
Wing Aviation Group, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wing Aviation Group, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amber M Martin
Name of Person

Wing Aviation Group, LLC
Firm/Company

637 Palm Drive, Suite 101
Address

Ocoee, FL 34761
City/State and Zip Code

Amber.martin@wingaviationgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber M Martin at (302) 593-0301
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

sent previously

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Wing Aviation Group, LLC

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: MI9000010744

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 30, 2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

FL

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(g), indicate that change:

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SECRETARY OF STATE
TALLAHASSEE, FL

Title/Capacity	Name	Address	Type of Action
MGR	Timothy Lomakin	637 Palm Drive	<input type="checkbox"/> Add
		Suite 101	
		Ocoee, FL 34761	<input checked="" type="checkbox"/> Remove
AMBR	Timothy Lomakin	637 Palm Drive	<input type="checkbox"/> Add
		Suite 101	
		Ocoee, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Amber M Martin

Signature of the authorized representative

Amber M Martin

Typed or printed name of signee

Filing Fee: \$25.00