# L19000261676

(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:

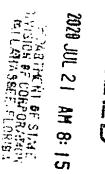
Office Use Only



500348854475

07/27/20 -01006--007 \*\*25.00

RECEIVED
JUL 2 1 2020



SEP 04 2020 S. YOUNG

## **COVER LETTER**

	istration Section of Corp		در	<b>•</b> .	
SHRIFCT.	Lana's Air Se	ervice ᇽ		•	
JOBS LCT.	•		Limited Liability Company		<del>_</del>
The enclosed	Articles of A	mendment and fee(s) are	submitted for filing		
			-		
riease return	an correspon	dence concerning this ma	itter to the following:		
		Michae	Name of Person  An Service  Firm/Company	<del> </del>	
		LANAS	AIR Seri	nce	
		1069 1CA	-CC COURT		
			, tables	_	
		NO2Th-	DORT PI	34286	
		LANAS AL	City/State and Zip Code  Sequee@  ss: (to be used for future annual)	GMAL. CON	<u> </u>
For further in	formation co	ncerning this matter, plea	se call:		
Mich	rel	SAYRE	at (941 Area Code	303-296	1
	Name of	Person	Area Code	Daytime Telephone Nu	mber
Enclosed is a	check for the	following amount:			
\$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Statu	S55.00 Filing Fee & Certified Copy (additional copy is encl	Cert losed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mai	ling Address:		Street Ad	ldress:	

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

LANAS AIR	Seevice  Jability Company as it now appears on our Torida Limited Liability Company)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limited I (A f	iability Company as it now appears on outlorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L19 600 26 167</u>		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	ERVICE LLC s"Limited Liability Company." the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable ( <i>Principal office address MUST BE A STREET A</i>		
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records ere:	, enter the name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida stre	et 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

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>	Address	Type of Action
			□Adđ
			□Remove
			□ Change
		· 	□Add
			□Remove
			Change
<u></u>	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□ Change

2	E	ماست	<u> 1</u>	ke	to	ado	d th	ne.	apos	strop	she
	to_	the	00	ain	$\alpha$	KDCi.	me.	La	1 00-5	Aic	Service
<	50	that	. 4 L	J	11.70	· ~ a	Da	ء ما ح	1	3 0 1 5	<u>Servio</u> Air Ser
		<u> </u>		77	105	<u> </u>			<u> </u>	1 i.k. 3	an Sec
		<u> </u>	<del></del>		<del>_</del>						<del></del>
		·	<del></del>								
_	·- <del></del>										
			, -								
-				·				<del></del>	<del></del>		
_				<del></del>				<u> </u>		<u> </u>	<del></del>
							_		<del></del>		
				<u> </u>							
_				-		<del></del>			<u>-</u>		
	· <u>-</u>					<del></del>					<del></del>
_	<del></del>										<del></del>
-				·			-				
ective	date, if	other thai	the date	of filing	;:				(option:	al)	
effect <u>te:</u> If	ive date is the date	listed, the da inserted in t	e must be sp nis block de	ecific and ses not m	cannot be seet the a	e prior to date applicable s	of filing or nation	nore than 90 ng requiren	days after fili nents, this da	ng.) Pursuant t ate will not b	o 605.0207 (3) <b>(b</b> e listed as t <b>he</b>
umen	t's effect	ive date on t	he Departn	nent of Si	tate's red	cords.	-				
cora s s filed	pecifies a	a delayed eff	ective date	, but not :	an effec	live time, at	12:01 a.m.	on the ear	lier of: (b)	The 90th day	after the
		1									
ed	Ju	rd 1.	\$ <del>^</del>	<del>- )- ·</del>	20	<u>θ</u> .					
	,	$\mathcal{N}$ .	Lil		T. 4						
		1 1				<u> </u>	epresentativo	<del>. , . ,</del>	<del></del> _		

Filing Fee: \$25.00