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(Requestor's Name)	
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(Address)	700303013067
(City/State/Zip/Phone #)	11/22/1701025022 **7.50
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(Business Entity Name)	
(Document Number)	· 75 2
Certified Copies Certificates of Status	FILL ANASSI
Special Instructions to Filing Officer:	ILED AV 22 PH 12: 16 TARY OF STATE TASSEE, FLORIDA
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2017

139TH AEROCLUB LLC WILLIAM B STEIN 9299 SW 112 AVE. MIAMI, FL 33176-0937

SUBJECT: 139TH AEROCLUB LLC Ref. Number: L03000000419

We have received your document for 139TH AEROCLUB LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is forma CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 817A00022212

Adding a cheefe for paid To \$60. ThANK You,

7.50 To bring TOTAL

Bill Stein

www.sunbiz.org

D' CO CO DO DOV 6207 Tallahaanaa Flamida 29214

TO: Registration So Division of Co 139th Aero SUBJECT:	rporations	COVER LETTER	
	Name of Li	mited Liability Company	
	Amendment and fee(s) are su		
r lease return an corresp	William B. Stein		
	139th Aeroclub LLC	Name of Person	
	9299 SW 112 Avenue	Firm/Company	
	Miami, Florida 3317 6	Address	
	steinb85@gmail.com E-mäil add es s:	City/State and Zip Code (to be used for future annual report notifi	cation)
For further information of William B. Stein	concerning this matter, please	call: 786 239-4484	
Name of Name o	of Person he following amount:		Telephone Number
□ \$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 radditional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	i itions iter Circle

· · · · · · · · · · · · · · · · · · ·		AMENDMENT	E.
	TO CLES OF O O) RGANIZATION F	FILED 2011 NOV 22 PHIZ: 17 FALLAHASSEE, FLORIDA
139th Aeroclub LLC			CAHASSE OF STA
(<u>Same of the Limite</u>	V Florida Limited L	ny as it now appears on our records liability Company)	E FLORIDA
The Articles of Organization for this Limited D a Florida document number <u>L03000000419</u>	bility Company	were filed on February 14, 2017	and assigned
This amendment is submitted to amend the follow	vine:		
	2		
A. If amending name, <u>enter the new name öfi</u>	he limited liabi	<u>lity company here</u> :	
The new name must be distinguishable and contain the so	ds "Limited Liabil	its Company " the designation "EFC"	or the abbreviation "I. I. C."
		9299 SW 112 Avenue	of the above vialion (1,1,2,2).
Enter new principal offices address, if applica		Miami, Florida 33176	<u>.</u>
<u>(Principal office address MUST BE A STREET</u>	<u>ADDRESS)</u>		
Enter new mailing address, if applicable:		9299 SW 112 Avenue	
(Mailing address MAY BE A POST OFFICEIB	OX)	Miami, Florida 33176	
	<u> </u>	······	
B. If amending the registered agent and/o			, <u>enter the name of the new</u>
registered agent and/or the new registered off	<u>ce address nerc</u>		
Name of New Registered Agent:	William B. Stei	n	
	9299 SW 112 A		
New Registered Office Address:	7277 3W 112 //	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Miami		orida <u>33176</u>
1 I		, F10	ина <u> </u>

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 dutics, 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.

Cirv

Illion B. Xtein

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		Address	Type of Action
MGR	Stein, William B		9299 SW 112 Avenue	Add
		3	Miami, Florida 33176	Remove
				Change
AMBR	Stein, Blaine T		9299 SW 112 Ave	🖪 Add
			Miami, Florida 33176	Remove
				Change
MGR	Segredo, Luis		6550 SW 126th Street	Add
			Miami, FL 33156	🖬 Remove
				Change
AMBR	Vo. Son P		24055 SW 114 Court	🖸 Add
			Homestead, FL 33032	Remove
				Change
AMBR	Katz, David L		239 Apache Street	🖸 Add
			Tavernier, FL 33070	Remove
	-Kate David 1 WBS			□ Change
				20140V 22 PM B SERVETARY OF STATE
		Page 2 o	of 3	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	2
E. Effective date, if other than the date of filing: (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the	Kp)
document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
Dated	
William Blaine Stein	
Signature of a member or authorized representative of a member	
William Blaine Stein	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00