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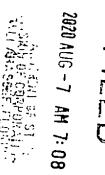
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		u en
SUBJECT:	Sheltair Av	ziation LGA, LLC		
ochole i,		Name of Lin	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Dena Auletto		
			Name of Person	
		Saavedra-Goodwin		
			Firm/Company	
		312 S.E. 17th Street, 2nd F	Ploor	
			Address	
		Fort Lauderdale, FL 33310		
			City/State and Zip Code	
		dauletto@saavlaw.com		
		E-mail address: (to be used for future annual report	notification)
For further in	iformation c	oncerning this matter, please ca	all:	
Dena Aulette	ח		954 767-6333	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F		☐ \$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)
Reg	ling Addres	Section	Street Address Registration	Section
	ision of C . Box 632	orporations 7	Division of C	Corporations f Tallahassee
•		•	riic Centie o	1 GHGHG55CC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sheltair Aviation LGA, LLC		2020
(Name of the Limited L (A F	iability Company as it now appears on our recordinida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 02/10/2003	and assigned
Florida document number L03000005058	·	
This amendment is submitted to amend the following	uñ:	7: 08
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	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOY	<u> </u>	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter</u> e <u>re</u> :	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	N
_		orida
	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>	<u>Address</u>	Type of Action
COO/S	Warren D. Kroeppel	4860 N.E. 12th Avenue	□Add
		Fort Lauderdale, FL 33334	≣Remove
			□Change
			□Add
			□Remove
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an effective date is listed of the contract of the date inser	er than the date of filed, the date must be specific ted in this block does no late on the Department of	and cannot be prior to do of meet the applicable	ate of filing or more than statutory filing requi	(optional) 90 days after filing.) Pur rements, this date will	suant to 605.0207 not be listed as
record specifies a del is filed.	ayed effective date, but	not an effective time,	at 12:01 a.m. on the c	earlier of: (b) The 90	th day after the
ned Ouc	ost 5	_, 2020			
Lu	M How Signature o	Land of a member of authorized	d representative of a me	mber	
	٠٠				

Filing Fee: \$25.00