

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE LAW OFFICES OF KATE MESIC, P.A.
Account Number : I20200000007
Phone : (904)619-2510
Fax Number : (904)328-2081

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TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Assistant@mesiclaw.com

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CLERK OF SUPERIOR COURT
FLORIDA
TALLAHASSEE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLORIDA AIR SERVICE & ENGINEERING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$25.00

M. SOLOMON

OCT 21 2024

Conflict P.13000060751



October 18, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLORIDA AIR SERVICE & ENGINEERING, LLC
150 HILDEN RD.
#308
PONTE VEDRA, FL 32081US

SUBJECT: FLORIDA AIR SERVICE & ENGINEERING, LLC
REF: L03000020420

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The conflict is P13000060751.

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.

Tracy L. Lemieux
Regulatory Specialist II

FAX Aud. #: H24000347282
Letter Number: 224A00023036

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA AIR SERVICE & ENGINEERING, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kate Mesic, Esquire
Name of Person
Law Offices of Kate Mesic, PA
Firm/Company
6550 St. Augustine Road, Suite 305
Address
Jacksonville, FL 32217
City/State and Zip Code
kate@mesiclaw.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Kate Mesic 904 619-2510
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA AIR SERVICE & ENGINEERING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/06/2003 and assigned Florida document number L03000020420.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Faejax Consulting Group LLC

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 ADDRESS)

104 Autumn Place, Ponte Vedra Beach 32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

104 Autumn Place, Ponte Vedra Beach 32082

B. If amending the registered agent and/or registered office 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:

Law Offices of Yekaterina Mesic, PA.

New Registered Office Address:

6550 St. Augustine Road, Suite 305

Enter Florida street address

Jacksonville

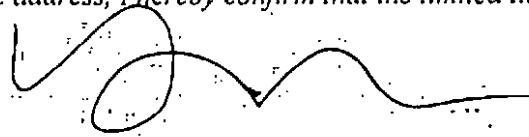
City

, Florida 32217

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>	<u>Type of Action</u>
MGR	Jonathan Rohner	150 HILDEN RD #308 PONTE VEDRA, FL 32081	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

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

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STATE OF FLORIDA
COUNTY OF ALBANY

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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 10-16, 2024

Signature of a member or authorized representative of a member

Robert Rohrer

Typed or printed name of signee

Filing Fee: \$25.00