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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
		

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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	Blue Eagle	Air,LLC		
SOBJEC	-1.	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Diane Rimpela		
			Name of Person	
		Blue Eagle Air LLC		
			Firm/Company	
		1081 Coral Way		
			Address	
		Singer Island FL 33404		
		*	City/State and Zip Code	
		gdrimpela@bellsouth.net		
For furth	er information c	E-mail address: (concerning this matter, please co	to be used for future annual rep all:	ort notification)
Diane Ri	impela		561 662 -	0960
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed	l is a check for th	he following amount:		
\$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addr	
	Registration 5 Division of C			on Section of Corporations
	P.O. Box 632	-		e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited I		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company,"	he designation "LLC" or the abbreviation, L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>		
3. If amending the registered agent and/or	registered office address on o	or records, enter the name of the new regi
ngent and/or the new registered office addre		
Name of New Registered Agent:	Diane Rimpela	
New Registered Office Address:	1081 Coral Way	
	Enter	Floridu street address
	Singer Island	, Florida 33404
	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

				
			 	
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fective date, if other th	nan the date of filing:		(optio	ıal)
n effective date is listed, the o	date must be specific and cannot be this block does not meet the	se prior to date of filing		
	on the Department of State's re		mig requirements, and	ance will not be listed to
	effective date, but not an effect	ctive time, at 12:01 a	m. on the earlier of: (b)	The 90th day after th
is filed.				
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ited 8/27/e	жо со <u></u>	···································		
	Diane Remode Signature of a member of			
	ware compelle	<u> </u>		
	Signature of a member of	or authorized represents	tive of a member	•

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