

LD80000009840

(Requestor's Name)

(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:

JUL 18 2013

L. SELLERS

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13 JUL 15 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lee Aviation 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:

James Lee

Name of Person

Lee Aviation LLC

Firm/Company

536 Coconut St

Address

Satellite Beach, F., 32937

City/State and Zip Code

lois@lfredricks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lois A. Fredricks

Name of Person

321 308-0660

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Lee Aviation LLC

Page 1 of 3

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TALLAHASSEE, FLORIDA
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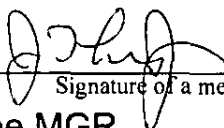
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|-----------------------------|---|
| MGRM | Kathryn L. Lee | 536 Coconut St | <input checked="" type="checkbox"/> Add |
| | | Satellite Beach, Fl., 32937 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.



7-10-13

Signature of a member or authorized representative of a member

James Lee MGR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00