

LO8000029760

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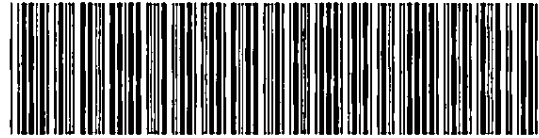
(Business Entity Name)

(Document Number)

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DEC 10 2018

D. SCOTT

DEC 19 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jacobs Flight Services 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:

Vibin Vincent

Name of Person

Jacobs Flight Services LLC

Firm/Company

931 NE 10St. Ste A

Address

Pompano beach, FL 33060

City/State and Zip Code

vibinvincent07@gmail.com

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

For further information concerning this matter, please call:

Vibin Vincent

954

532-0148

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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|--|--|--|--|

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JACOBS FLIGHT SERVICES 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 2/24/2008 and assigned Florida document number L08000029760.

This amendment is submitted to amend the following:

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1090 AIRGLADES BLVD
CLEWISTON, FL 33440

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:

VIBIN VINCENT

New Registered Office Address:

1090 AIRGLADES BLVD

Enter Florida street address

CLEWISTON

City

Florida 33440

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>
MGRM	VIBIN VINCENT	1075 NW 12 th LANE	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAMANDEEP GHABRA	12390 NW 2 nd ST	<input checked="" type="checkbox"/> Add
		PLANTATION FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Dated 11/16/18 21

Signature of a member

Typed or printed name of signee