

LOS 000047451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

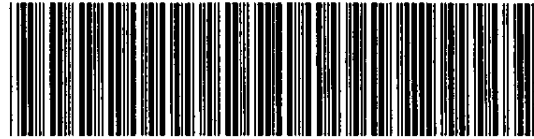
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000291076610

10/11/16--01026--016 **25.00

OCT 11 2016

S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 2:37

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Flying Machines of America, 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:

Sara Christensen

Name of Person

Law Offices of Scott L. Soelberg, P.C.

Firm/Company

837 East 1200 South

Address

Orem, UT 84097

City/State and Zip Code

sara@slspclaw.com

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

For further information concerning this matter, please call:

Sara Christensen

801 494-8494

at (_____) _____

Name of Person

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

FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 2:37

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

Flying Machines of America, 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 05/12/2008 and assigned
Florida document number L08000047451.

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 "LLC."

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)

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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>	<u>Type of Action</u>
MGR	<i>Wealth of America</i>	96373 CESSNA DRIVE	<input type="checkbox"/> Add
	<i>Training Centers, Inc.</i>	YULEE, FL 32097	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANGELSON, G. KENT	96373 CESSNA DRIVE	<input checked="" type="checkbox"/> Add
		YULEE, FL 32097	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 OCT 11 PM 2:37
 RECEIVED
 SECRETARY OF
 FLORIDA
 TALLAHASSEE, FLORIDA

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

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 2:37

F. Effective date, if other than the date of filing: September 30 2006 (optional)

(If an offshore data is used, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Paragraph to 605.0207 (3)(b)

Notes: 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.

(b) The 90th day after the record is filed.

Used

9/30

216

Signature of a partner or authorized representative of a chamber

G. Noel Mackintosh

Typed or printed name of signer