

L08000113412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

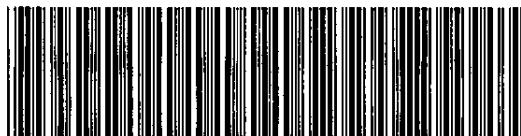
(Document Number)

Certified Copies _____ Certificates of Status _____

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12/01/14--01031--019 **385.00

FILED
15 JAN 26 AM 9:35
RECEIVED
12/26/2014

M. MILLIGAN
EXAMINER

FEB 2 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2014

650 GULFSTREAM CHARTER, LLC
3291 WEST SUNRISE BLVD.
FORT LAUDERDALE, FL 33311

SUBJECT: 650 GULFSTREAM CHARTER, LLC
Ref. Number: L08000113412

We have received your document for 650 GULFSTREAM CHARTER, LLC and your check(s) totaling \$385.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments to articles of organization of a Florida limited liability company must comply with section 605.0202, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 414A00025956

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 650 GULFSTREAM CHARTER, 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:

BETTY HENN

Name of Person

650 GULFSTREAM CHARTER, LLC

Firm/Company

3291 WEST SUNRISE BOULEVARD

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

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

For further information concerning this matter, please call:

JOYCE STEWART, CPA

at (954) 561-5801

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

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

650 GULFSTREAM CHARTER, LLC

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

FILED
15 JAN 26 AM 9 35
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/11/08 and assigned

Florida document number L08000113412.

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 end with 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)

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:

ROGER ALLEN

New Registered Office Address:

3438 LAKE WORTH ROAD

Enter Florida street address

LAKE WORTH

City

, Florida 33461

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

MGR = Manager
AMBR = Authorized Member

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MAR 26 PM 9:37
Remove
Add
Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

1-17-15



Signature of a member or authorized representative of a member

BETTY D. HENN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 JAN 26 AM 9:35
FLORIDA DEPARTMENT OF STATE
1925 N. W. 10th St.
TALLAHASSEE, FL 32310