

L100000012554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

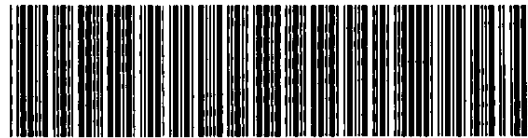
Special Instructions to Filing Officer:

L. SELLERS

OCT 12 2010

EXAMINER

Office Use Only



200185272082

10/08/10--01019--014 **2.50

09/13/10--01019--025 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 11 PM 3:20

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & R Air 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:

Yoandry Ponce
Name of Person

J & R Air Services, LLC
Firm/Company

495 Suwanee Drive
Address

North Fort Myers, FL 33917
City/State and Zip Code

charlesm@cpamassie.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Massie, CPA at (239) 768-2171
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: See letter #250 ✓ #2270

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2010

YOANDRY PONCE
495 SUWANEE DRIVE
NORTH FT MYERS, FL 33917

SUBJECT: J & R AIR SERVICES, LLC
Ref. Number: L10000012554

We have received your document for J & R AIR SERVICES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 910A00022081

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

J & R Air 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 _____ and assigned
Florida document number L1 000001 2554

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)

495 Suwanee Drive
North Fort Myers, FL 33917

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

495 Suwanee Drive
North Fort Myers, FL 33917

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:

495 Suwanee Drive
Enter Florida street address
North Fort Myers, Florida
City Zip Code 33917

New Registered Agent's Signature, if changing Registered Agent:

FILED
10 OCT 11 PM 13:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, 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 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	Lida Castillo	495 Suwanee Drive North Fort Myers, FL 33917	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated Sept. 27, 2010

Charles A. Massie, CPA
Signature of a member or authorized representative of a member
Charles A. Massie, CPA
Typed or printed name of signee