

L10000040135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

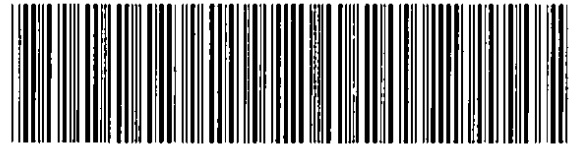
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



900410173609

06/16/23--01013--004 ++25.00

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2023 JUN 16 AM 6:58

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NORTH COUNTY FLIGHT TRAINING, 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:

Muralidharan Nair

Name of Person

North County Flight Training, LLC

Firm/Company

11610 Aviation Road Suite A2

Address

WEST PALM BEACH, FL 33412

City/State and Zip Code

murali@aanrogroup.com

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

For further information concerning this matter, please call:

Muralidharan Nair

561 418 0401  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 JUN 16 AM 6:58

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

**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	Nair, MURALIDHARAN	Revathi Kailas East Gate VaironKerala, LIN 686141 IN	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		AMBR	<input checked="" type="checkbox"/> Change
MGR	Barry Loomis	11610 Aviation RoadSuite A2WEST PALM BEACH,	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Change MGR to AMBR for Muralidharan Nair

Added Barry Loomis as a MGR

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 13th, 2023



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Muralidharan Nair

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**