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O SIMMONS APR 2 8 2021

COVER LETTER

TO: Registration S Division of Co		n	}
	ter Aviation LLC	•	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Leslie Waton		! !
		Name of Person	
	LW Chester Aviation LLC		
		Firm/Company	
	3285 Duncombe Dr		
		Address	
	Jupiter, FL 33458		:
		City/State and Zip Code	
	peter@bonneaucpa.com E-mail address: (to be used for future annual report notitication)	
For further information	concerning this matter, please e	all:	
Peter Bonneau CPA		561 747-0160 at()	1
Name	Name of Person at () Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for	r the following amount:		İ
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. Tallahassee. FL 32303	ee

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION \mathbf{OF}

2821 MAR -5 PH 5:51

LW Chester Aviation LLC	1121 mm 9 111 9. 3 j	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on 10/05/2011 1	and assigned
Florida document number L11000114007	į	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LW Chester LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the at	breviation "E.L.C."
Enter new principal offices address, if applicable:	3285 Duncombe Dr	··-
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33458	
Enter new mailing address, if applicable:	3285 Duncombe Dr	
(Mailing address MAY BE A POST OFFICE BOX)	Jupiter, FL 33458	
Training dame.		<u> </u>
B. If amending the registered agent and/or registered office:	 address on our records, <u>enter the nan</u>	ie of the new register
agent and/or the new registered office address here:	1	
	•	
Name of New Registered Agent:		
Non-Decisional Office Address		
New Registered Office Address:	Enter Florida street address	
	. Floridal	
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	1	aree to comply with s
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. Ör	, if this document is
being filed to merely reflect a change in the registered office	e address. I hereby confirm that the li	mited liability
company has been notified in writing of this change.	ļ	
	ı	
If Cha	nging Registered Agent, Signature of New Ro	gistered 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 = - N AMBR = 7	lanager Authorized Member	7º 71 Hábilos	· ·
Title	<u>Name</u>	2521 MAR - 5 <u>Address</u> .	Type of Action
			□Add
			□Remove
			□Change
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fective date, if other than the dat	te of filing: (optional)	
in effective date is listed, the date must be a	specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant does not meet the applicable statutory filing requirements, this date will not be	to 605.0207 se listed as
record specifies a delayed effective dat is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
February 26	2021	
ated	·	
Sign Sign	nature of a member or authorized representative of a member	
org.	T. Control of the con	
Leslie Waton	Typed or printed name of signee	

Filing Fee: \$25.00