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(Re	equestor's Name)	
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SECRETARY OF STAIL
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COVER LETTER

TO: Registration So Division of Co			
subject: <u> </u>	Mane of Lam	ays Group, LLC	1
The enclosed Articles of	Amendment and feets) are sub	rnitted for filing.	
P ^r ease return all correspo	ondence concorning this matter	to the following:	
	S	anclea Sanbor Name of Person	<u> </u>
	Q+lan	Le airways Firm/Company	Groop, LLC
	3200 a	W 67th AUR F	31dg 4 Suite 425
	Hami Billing (City/State and Zip Code WORLA 1090 9 ego to be used for future annual report route). (POM_ication)
For further information of	concerning this matter please c	•	
Li Li on Name o	og Turano of Person	at (305) 594. Area Code Daytime	ZZ&Y : Telephone Number
Enclosed is a check for t	he following amount:		
№ \$25.00 Filmg 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**

Mantie Cinwa	prov as it now appears on our records.)
(A Florida Limited (A Florida Limited)	d Liability Company)
The Articles of Organization for this Limited Liability Companional Companion Companion Local Action (Companion Companion)	ny were filed on 11 29 2018 and assigned
Ems amondment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia"	bility 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 registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	t:

Thereby 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:

Ł

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sandra Santoro	3200 NW 67 + h Ave bldg 4	Z Add
		Suffe 425 Miam FL	🗀 Remove
		33122	D Change
			🗆 Add
		<u> </u>	🗆 Remove
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	-	63.	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to lote: If the date inserted in this block does not meet the applical ocument's effective date on the Department of State's records.	o date of filing or more than 90 da	(optional) ys after filing.) Pursuan nts, this date will not	it to 605.020 be listed as
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12	2:01 a.m. on the	earlier o
ared November 29/ PCM8	_·		
Sylphar in a member or author	rized representative of a member		

Page 3 of 3

Filing Fee: \$25.00