112000 103655

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip// Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500342155045

03/18/20--01017--003 **25.00

20 MAR 18 FM 3: 25

Come Change

APR 0.3 2020

D CUSHING

March 16, 2020

Request for name change for CY Aero, LLC.

Daytime phone: 407-938-9600

Return Address: 24745 Lester Way Eustis, FL 32736

Thank you

Colin Johnson

COVER LETTER

Division of Cor				
SUBJECT:	CYara	20 UC		
•	Name of Lim	ited Lability Company		
man and successive	A d	anternal Competitions		
	Amendment and fee(s) are sub	_		
Please return all correspo	ndence concerning this matter	to the following:		
	Colic	John 800 Name of Person		
	<u> </u>	Lero LLC Firm/Company		
	247	45 lester Wo	ry_	
		City/State and Zip Code		20 MAR 18 PM 3: 25
For further information co	E-mail address: (oncerning this matter, please of	to be used for future annual report notifica all:	tion)	67 CB
Michele	f Person	at (407) 93 8	9600	PH 3: 25
	6.11	·	·	en ç
Enclosed is a check for th	· ·	_	_	
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee &. Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is 	tatus &
Mudlim Add		Carrie Addings		
<u>Mailing Address</u> Registration S		Street Address: Registration Secti	on	
Division of C	orporations	Division of Corpo	orations	
P.O. Box 632	7	The Centre of Tal	lahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	20, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	 	
The Articles of Organization for this Limited Liability Company	were filed on	_ and assig	gned
Florida document number LI 2 006 to 36 55.			
This amendment is submitted to amend the following:			
	ill		
The new name must be distinguishable and contain the words "Limited Liabil	_	viation "L.L.	.C."
Enter new principal offices address, if applicable:	<u> 24745 lester L</u>	مص	
(Principal office address MUST BE A STREET ADDRESS)	Eustis 21 32	736 6	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 A-A ?		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name o	of the new	registered
Name of New Registered Agent:	5AME_	29 -P	
New Registered Office Address:		င့္	<u> </u>
	Enter Florida street address	ر 2	TIC Y
·	, Florida	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

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			\ _Add
			□Remove
			ПСһапус

	
-	
_ · · · · ·	
	
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
·····	
Effective date if othe	or than the date of filing. (ontional)
Note: If the date inserte	r than the date of filing:
e record specifies a dela rd is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/11 2070 (1.7 M
	Signature of a member or authorized representative of a member
	signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00