## L120000147471

(Requestor's Name)
(requested s name)
(Address)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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C. GOLDEN AUG 2 7 2019

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	Hero Park Name of Lim	Enterprises, ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Karen	GoSS Name of Person	
	Aero P	Park Enterpri	sestle
	5811 My	rtle Rd Address	
	Milton	FL 32583 City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	concerning this matter, please co	ıll:	
Harew Name o	3-065 of Person	at (850) 217 : Area Code Daytime	- 8999 Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
			AN ANNAUG

MAILING ADDRESS:

TO:

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



August 6, 2019

KAREN GOSS 5811 MYRTLE ROAD MILTON, FL 32583

SUBJECT: AERO PARK ENTERPRISES, LLC

Ref. Number: L12000147471

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Letter Number: 919A00016115

Claretha Golden Regulatory Specialist II

www.sunbiz.org



July 18, 2019

KAREN GOSS 5811 MYRTLE ROAD MILTON, FL 32583

SUBJECT: AERO PARK ENTERPRISES, LLC

Ref. Number: L12000147471

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

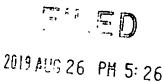
Letter Number: 619A00014673

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Division of Companyations D.O. DOV 6207 Well-bases Florida 2021

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Aero Park	Enterprises, LLC	
	ited Liability Combany as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I		penber 16 2012 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name $\mathcal{N}$ $\mathcal{R}$	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of		r records, <u>enter the name of the nev</u>
Name of New Registered Agent:	A M	
New Registered Office Address:		
	Enter Florida si	treet address
	City	, Florida Ziv 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

Title	<u>Name</u>	Address	Type of Action
MGR	Haren Goss	5811 Myrtle Rd Milton FL 32583	
		Milton FL 32583	Remove
			Change
			☐ Remove
			Change
<del></del>			
			□ Remove
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			Remove
			Change

-	N/A
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(If an eff Note:	ive date, if other than the date of filing: (optional) (optional) (fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 22. 2019.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Sear Per Lue  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00