

L12000 148980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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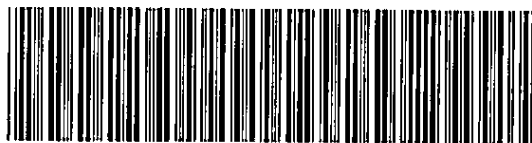
(Business Entity Name)

(Document Number)

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Amend

AUG 07 2019  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Legacy Airways, 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:

Mike Hoyle

Name of Person

Legacy Airways, LLC.

Firm/Company

3600 Drane Field Rd

Address

Lakeland Florida 33811

City/State and Zip Code

Mike.Hoyle@FlyLegacy.com

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

For further information concerning this matter, please call:

Mike Hoyle

Name of Person

at ( 216 ) 310-4400

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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Legacy Airways, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 11/28/2012 and assigned Florida document number L12000148980.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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>          | <u>Address</u>  | <u>Type of Action</u>   |
|--------------|----------------------|---|---|
| MGR          | Daryl G. Hicks       | 189 Magneta Loop<br>Auburndale Fl 33823                 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| MGR          | Mike Hoyle           | 3600 Drane Field Rd<br>Lakeland Fl, 33811               | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| MGR          | Paul Kruger          | 3600 Drane Field Rd<br>Lakeland Florida 33811           | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| MGR          | Legacy Holdings, LLC | 10006 Military Dr, Hanger 32C<br>Conroe TX, 77303       | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| MGR          | Paul Kraus           | 5901 W Century Blvd Suite 1410<br>Los Angeles, CA 90045 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change |
|              |                      |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 July 23, 2019

[illegible]

Signature of a member or authorized representative of a member

Daryl G. Hicks

Typed or printed name of signee