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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

FlyBy Aerial Productions 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:

Lindsay Hirschmann

Name of Person

FlyBy Aerial Productions LLC

Firm/Company

780 Virginia Dr

Address

Winter Park, FL 32789

City/State and Zip Code

Lindsay@FlyByAP.com

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

For further information concerning this matter, please call:

Lindsay Hirschmann

,,407 \790-9272

Name of Person

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 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

FlyBy Aerial Productions 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	y were filed on August 08	1, 2013 Scand Regigned
Florida document number L13000112488		NO TI
This amendment is submitted to amend the following:		3, 2013 To and Signed To LAHASSEE. F
A. If amending name, enter the new name of the limited lia	bility company here:	3: 24 FLORIT
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the de	esignation "LLC" of the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Wanted that the American State of the State		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	ı.	
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I	further agree to comply with

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address 700 Virginio Dr	Type of Action
MGR	FBAP Inc	780 Virginia Dr	Add
		Winter Park, FL	Remove
		32789	<u></u>
MGRM	FBAP Inc	780 Virginia Dr	Add
		Winter Park, FL	Remove
		32789	
			Remove
			2013
	40.00		7013 NOT 2 SECRETARY TALLAHASSE
			Remove
			STATE LORIDA
			Add
			Remove
			Add
			Remove

). If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ated <u>NOV</u>	EMBER 07, 2013.
(Signature of a member or authorized representative of a member
	Lindsay Hirschmann
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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