L13000139134

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(Cit	ty/State/Zip/Phon	e #)
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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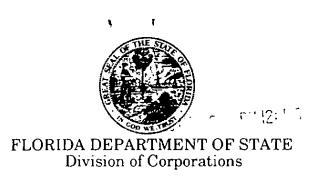
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LLC

DEC 0 2 2020

D COMMELL



November 16, 2020

JUAN MONSALVE 2908 CASCADA ISLE WAY COOPER CITY, FL 33024

SUBJECT: UNITED FLIGHT SERVICES LLC

Ref. Number: L13000139134

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

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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: 620A00022964

JEARLD H QUICK OPS

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	UNITED Fligh	HT SEWIUS ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JUAN	MONSWIVE Name of Person	
	טאוֹדנים	Flight Str	vices LLC
	3905 CASU	ADA PSLE W Address	<u> </u>
	M .	Y FL 33024 City/State and Zip Code Cort CAST. A Entropy to be used for future annual report	
For further information co	oncerning this matter, please co	all:	
JUAN Name o	Person	at (<u>9.54/</u>) Area Code I	47/450 / Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy tanditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on nited Liability Company)	LLC our records.)	,	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13000139134</u>	pany were filed on	101/2013	_ and as	ssigned
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 Enter new principal offices address, if applicable:	Liability Company," the design	nation "LLC" or the abbre	viation "l	L.C."
(Principal office address MUST BE A STREET ADDRES.	5)	•	2	- GD
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Enter new mailing address, if applicable:		7 1 2 4 2 5 2 7 2 7	NOV 24	=======================================
(Mailing address MAY BE A POST OFFICE BOX)		1	<u></u>	THE STATE OF THE S
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		(B) (1)	£3	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our recor	ds, <u>enter the name (</u>	of the no	w registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	ircei address		
		Florida	*** ** **	
	Ciţy		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>	Type of Action
ANBE	RANIN T DIAZ	GOOPER CHSUNDA ISTE WAY	iXAdd
			DAdd
			□Remove
			□Change
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fective n effec ote: 11	e date, if other than the date of filing: 11/20/20 (optional) tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
ecord : s filec	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 I.
ted _	11/20/2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00