

L13000139134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

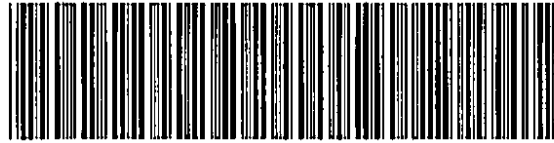
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend form

11/24

Office Use Only



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FILED

2020 NOV 24 P 3 43

LLC
Amend

DEC 02 2020

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2020

JUAN MONSALVE
2908 CASCADE 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.

JEARLD H QUICK
OPS

Letter Number: 620A00022964

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED FLIGHT SERVICES 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:

JUAN MONSALVE
Name of Person

UNITED FLIGHT SERVICES LLC
Firm/Company

8905 CASCADE ISLE WAY
Address

COOPER CITY FL 33024
City/State and Zip Code

MONSALV@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN MONSALVE at (954) 4714501
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

UNITED FLIGHT SERVICES LLC


If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

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.



JUAN C MONSALVE

Typed or printed name of signee

Filing Fee: \$25.00