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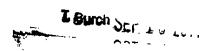
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ROBERTS AIR SOUTH 2013, 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:
ROBERT J. ROBERTS Name of Person
ROBERT AIR SOWTH
28701 SW 219 AVE
HomesTGAN, FL 33030  City/State and Zip Code  123bert @ he//south, net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROSENT J. ROSENTS at (305) 246-0179  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



August 18, 2014

ROBERT J ROBERTS 28701 SW 219 AVE HOMESTEAD, FL 33030

SUBJECT: ROBERTS AIR SOUTH 2013, LLC

Ref. Number: L13000142073

We have received your document for ROBERTS AIR SOUTH 2013, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type form, proper forms enclosed.

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) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 714A00017689

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOBERTS HIR SOL	VCompany as it now appears on our records.)
(A Florida l	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>£13000142073</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the words "Lim	nited 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 ADDRI	ESS)
	S S T
	ASS TO THE PERSON OF THE PERSO
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	STAF 5
	15. E.S.
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ess 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMDK - Aut	nortzeu Wembei		
<u>Title</u>	Name	Address	Type of Action
MGR	ROBERT J ROBERTS	28701 SW 219 AVE	Add
		HOMESTEAD, FL 33030	□ Remove
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· · —	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	e date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
he date th	
the date th	nis document is filed by the Florida Department of State)

SECRETARY OF STATE

Page 3 of 3

Filing Fee: \$25.00