L14 000024128

(Reque	estor's Name)	.
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Document Number)		
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2022 APR 29 PH 2: 58

SELACIANY OF STATE

TALLAHASSEE FLORIDA

JUN 2 1 2022 S. PRATHER

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	CNC NAV	TECH .		
Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Charles Smith		
			Name of Person	
		CNC NAVTECH		
			Firm/Company	
		2005 Muscott	- Drive Unit C	
		Saint Cloud	FL 34771 City/State and Zip Code	
		Charles . Snit	FL 34771 City/State and Zip Code Co	(cation)
For further is	nformation co	oncerning this matter, please ea	all:	
Charle	es Smi	Person	at (<u>407</u>) <u>285 - 45</u> Area Code Daytimo	136 Telephone Number
Enclosed is a	a check for th	e following amount:		/
□ \$25.00 F	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)
	iling Addres		Street Address: Registration Sec	rtion

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

TO:

Registration Section

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

 $\sum_{i=1}^{n} a_i$

Zip Code

 \sim

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) hability Company)	122 APR 29	T1 == [1]
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L14000024128}$	were filed on 12 Feb 2014	Pred 2: 58 urasimale urasiAle E. 181.08107	Ö
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil Phoenix NAVIECH LLC The new name must be distinguishable and contain the words "Limited Liabil 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)	Saint Cloud, FL 34771 Same as above		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	eddress on our records, enter the name of	the new regi	stere
	, Florida		

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.

Cuv

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>	Address	Type of Action
other	Maria Smith	2005 Marcaett Drive, Unit	
		Scient Cloud, FL 34771	Z Remove
			DChange
			□ Add
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			DChange
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			Remove
			□Change

). If amending any other int	ormation, enter change(s) here: (Attach additional sheet	is, if necessary.)

(If an effective date is listed, the da Note: If the date inserted in	n the date of filing:	
the record specifies a delayed errord is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earl	lier of: (b) The 90th day after the
Dated 25 Apr: 2	ozz , <u>0958</u> .	201 TAL
<	Signature of a member or authorized representative of a memb	2022 APR
		R 29 ASSEE
	Charles Sith CEO Typed or printed name of signee	

Filing Fee: \$25.00