## L14 0000 31306





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FILED 2020 NOV -5 AMII: 34

12/14/20

## COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:	O'LO SCHOOL FLY Name of Limit	ING LLC
	Name of Limit	ted Liability Company
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.
Please return all correspond	dence concerning this matter to	o the following:
	DAVIE	) STONE
		Name of Person
		Firm/Company
	318) NE 1	vy LN
		Address
	JENSEN BEAG	H, FL 34957
		H <sub>1</sub> FL 34957 City/State and Zip Code
	SAILFISH 2006 CH	OTMAIL. COM
		be used for future annual report notification)
For further information cor	icerning this matter, please ca	11:
DAVID STONE		m (721 ) 708-8550
Name of F	Person	at ( 772 ) 708-8550  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:		Street Address:
Registration Se		Registration Section
Division of Cor P.O. Box 6327	rporations	Division of Corporations The Centre of Tallahassee
Tallahassee, Fl	. 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLD SCHOOL FLYIN		
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed onO2/20/2014	and assigned
Florida document number <u>L14000031306</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit		101
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	abbreviation "L.I. f."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
		· 4
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the registered arout and/on registered	office address on our manual antom the ma	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
The Wind Country of the Prediction.	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 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
MGR	STEVEN R GOBLE	8541 BELLE MEADE DR.	<u>IZ</u> /\dd
		FORT MYERS, FL 33908	□Remove
			□Change
MGR	ABBIE ROSE SIPOS	7553 EAGLES FLIGHT LN	
		FORT MYERS, FL 33912	2020 Remove
			Change
			를 걸 ロ 
			∴ ⊈ □Remove
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ective date, if oth	er than the date	of filing:		C):	(optional)	) .) Pursuant to 605.020
te: If the date inser	ted in this block do	es not meet the	applicable statu			:) Pursuant to 605.020 : will not be listed a:
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cora specines a dei s filed.	ayed effective date.	but not an effec	tive time, at 12	:01 a.m. on the ea	irner of: (n) – fi	ie 90th day after the
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		Mak	/ 			
		NYUN				
	Signat	ure of a member of	or authorized repr	esentative of a men	iber	