114000132440

,
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Booking)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900292518669

900292516668 11/22/16--01022--035 **25.00

> 2016 NOV 22 PM 3: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

K. SALY NOV 23 2016

COVER LETTER

Division of Corp	porations	
O'Mally Air	LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ndence concerning this matter to the following:	
	Jennifer Englert	
	Name of Person	
	The Orlando Law Group, PL	
	Firm/Company	
	12301 Lake Underhill Road, Suite 213	
	Address	
	Orlando, FL 32828	
	City/State and Zip Code	
	jschmitt@theorlandolawgroup.com	
	E-mail address: (to be used for future annual report notification)	
For further information cor	ncerning this matter, please call:	
Jennifer A. Englert	407 512-4394 at ()	
Name of I		_
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing I Certificate of Status	Status &

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2016 NOV 22 PM 3: 52
ALLAHAS CEEF STATE

O'Mally Air LLC

(Name of the Limited Liabilit (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	SEE. FLORIOZ
			$-i\partial n_{I}\partial z$
The Articles of Organization for this Limited Liability Co	ompany were filed on Aug	gust 25, 2014	and assigned
Florida document number L14000132440	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>re</u> :	
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or regist		our records, ent	er the name of the r
egistered agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florid	la street address	
		171. . 4.1.	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered			-

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 Michael T. Alber		588 Oak Street	
		Oviedo, FL 32765	■ Remove
			Change
MGR	Kelli Lynne Langton	16978 Lake Pickett Road	
		Orlando, FL 32820	■ Remove
			☐ Change
			□ Add
			Remove FILED SECRETARY ADDES
	•		9 Remoye
			Change
		☐ Remove	
			☐ Change
			□ Add
			□ Remove
			□ Change

	•					
					·	<u>.</u>
						
				· ,		<u> </u>
					\$ v	2016/00/22
						2
					7	
						Fig. 3
					•	0 P
<u></u>						

					<u> </u>	
						
			****	,		
antina data if a	Albani Albani Albani dina s	- £ £1:			(
n effective date is li	ther than the date sted, the date must be sp	ecific and cannot be	prior to date of fil	ing or more than 90 d	_ (optional) ays after filing.) Pur	suant to 605.0207
	serted in this block do e date on the Departn			ry filing requireme	ents, this date will	not be listed as
	-					
record specifi he 90th day a	es a delayed effe after the record is	ective date, bu s filed.	it not an effec	ctive time, at 1	2:01 a.m. on	the earlier of
ad	Noveml	ber 21 2016.	•			
ed		,	$\frac{1}{2}$	\sim		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00