

L14000166746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

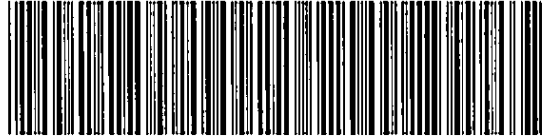
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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M. MILLIGAN

OCT 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RJ Aviation, 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:

John Cwik

Name of Person

RJ Aviation, LLC

Firm/Company

1252 SW 104th Street Rd.

Address

Ocala, FL 34476

City/State and Zip Code

jcwik352@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan Wheat

813 222-1800
at ()

Name of Person

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:

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

STREET/COURIER ADDRESS:

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

FILED
2018 OCT 15 PM 11:07
STANDARD
Assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Ocala, Florida 34476

Ocala, Florida 34476

_____, Florida
City

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Richard Bianculli	44 SE 1st Avenue	<input type="checkbox"/> Add
		Ocala, Florida 34471	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John Cwik	1252 SW 104th Street Rd.	<input type="checkbox"/> Add
		Ocala, Florida 34476	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Patricia Champeau	1252 SW 104th Street Rd.	<input checked="" type="checkbox"/> Add
		Ocala, Florida 34476	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 28 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

STAP: 010711

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