

MAR. 11. 2015 3:30PM
3/11/2015

JONES FOSTER 561 650 0435

NO. 21

440012599

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLIGHT LEASE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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MAR. 11. 2015 3:30PM

JONES FOSTER 561 650 0435

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NO. 3654 P. 2

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Flight lease 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:

Charles Lee

Name of Person

Flight lease llc

Firm/Company

1405 Georgia Ave.

Address

West Palm Beach FL, 33401

City/State and Zip Code

cstevend.lee@gmail.com

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

For further information concerning this matter, please call:

Charles Lee

Name of Person

561 629-6980

at (_____)_____
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 11 AM 9:43

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MAR. 11. 2015 3:30PM

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NO. 3654

P. 3

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

FLIGHT LEASE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/18/14 and assigned
Florida document number L14000192599.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STEVEN LEE CONSULTING, LLC

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

Enter new principal offices address, if applicable:

1410 Georgia Ave.

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach FL, 33401

Enter new mailing address, if applicable:

1410 Georgia Ave.

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach FL, 33401

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address 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

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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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 11, 2015

Signature of member or authorized representative of a member

Charles Lee

Typed or printed name of signer

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Filing Fee: \$25.00

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