

L 14000 194 818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

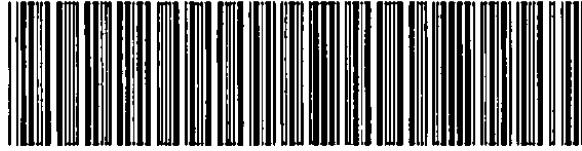
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



600396917166

11/07/22--01039--0
FILED
2022 NOV -7 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section Division of Corporations

RT: RB Aviation Enterprise, LLC

Name of Limited Liability Company

osed Articles of Amendment and fee(s) are submitted for filing.

turn all correspondence concerning this matter to the following:

Robert Brady

Name of Person

RB Aviation Enterprise, LLC

Firm/Company

6705 SW Woodbine Way

Address

Palm City, FL 34990

City/State and Zip Code

angelab6@bellsouth.net

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

er information concerning this matter, please call:

Brady 772 781-8021

Name of Person at () Daytime Telephone Number

is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$0.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
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**

RB Aviation Enterprise, LLC

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

Articles of Organization for this Limited Liability Company were filed on 12/23/14 and assigned document number L14000194818.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

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

Now principal offices address, if applicable:

(All office address MUST BE A STREET ADDRESS)

Now mailing address, if applicable:

(address MAY BE A POST OFFICE BOX)

Changing 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

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

FILED
2022 NOV -7 PM 1:39
SECRETARY OF STATE
TALLAHASSEE FL

ing Authorized Person(s) authorized to manage, enter the time, name, and address of each person being added
ved from our records:

Manager
= Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Clarence E Skinner	761 Lagoon Dr	<input checked="" type="checkbox"/> Add
	North Palm Beach, FL 33408	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
Kade Brady	6705 SW Woodbine Way	<input type="checkbox"/> Add
	Palm City, FL 34990	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


Effective date, if other than the date of filing: 8/19/22 (optional)

(If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filing.

October 31 , 2022



Signature of a member or authorized representative of a member

Robert Brady

Typed or printed name of signee

Filing Fee: \$25.00