# 14000197167

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/7/2021

NAME: JETSCAPE AVIATION GROUP LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL

### **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

JETSCAPE AVIATION GROUP, LLC SUBJECT: \_ 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: Beth Scanlon Name of Person Fafinski, Mark & Johnson, P.A. Firm/Company 775 Prairie Center Drive, Suite 400 Address Eden Prairie, MN 55344 City/State and Zip Code beth.scanlon@fmjlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nathan Haynor Davtime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JETSCAPE AVIATION GROUP,	LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number L14000197167	Liability Company	were filed on December 30, 2014	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		550 S. Andrews Avenue		
		Suite 300		
	<del></del>	Fort Lauderdale, FL 33301		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Suite 300 Fort Lauderdale, FL 33301		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	•	address on our records, enter the	name of the new registered	
New Registered Office Address:	550 S. Andrews	s Avenue	7	
		Enter Florida street address		
	Fort Lauderdale	. Floric	da 33301	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:		22	
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg	per and complete	performance of my duties, and a	l am familiar with and	

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 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
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Document of the Docume	st be specific and cannot be prolock does not meet the appoperarment of State's record	licable statutory f ds.	iling requirements, this	iling.) Pursuant to 605.0207 date will not be listed as t
e record specifies a delayed effective rd is filed.	e date, but not an effective	e time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
Dated	2021			
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Mallanda				
	-,		<del></del>	<del></del>
	Signature of a member or au	ithorized representa	tive of a member	

Filing Fee: \$25.00