L15000001440

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PENINSULAR AGAIN 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:
ROBERT BUHROW
Name of Person PENTASUCAL ALLA SELVICES Firm/Company
2445 PIMULO LAUE
MARSWEAR E 3L934
City/State and Zip Code RLBUHROW & GMML. Com E-mail address: (to be dised for future annual report notification)
For further information concerning this matter, please call:
ROBELT BUHLOW at (3L1) 424 \$343 Area Code Daytime Telephone Number
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 (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 31, 2017

ROBERT L BUHROW 2445 PIMLICO LANE MELBOURNE, FL 32934

SUBJECT: PENINSULAR AERIAL SERVICES, LLC

Ref. Number: L15000001440

We have received your document for PENINSULAR AERIAL SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The name of the LLC cannot contain the Corporation suffix Company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00010923



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\wedge	Or
CANA SULA A	ALIM SHLVILLS, LUC Junpany as it now appears on our records.)
	ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L\S0000\440</u>	sany were filed on JAHUARY 5 8015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited 2445 RAUE HOLDINGS L.L.	Ċ.
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS	3682 A W CKHAM RD N/A 2 SHIPE B-1 M/3 213
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	3682 NWICKHAM RD SUITE B-1 MB 213 MELBOURNE, FL 32935
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zap Code
New Registered Agent's Signature, if changing Registered Ag	ent:
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent	agree to act in this capacity. I further agree to comply with the dete performance of my duties, and I am familiar will and as provided for in Chapter 605, F.S. Or, if this document is

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		
			Add		
			☐ Remove		
			Change		
			Add		
			□ Remove		
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			□ Add		
	<u></u> .	☐ Remove			
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			P Remove		
			Elichan V S rai-Add		
			rial Add PR		
			□ Change		

. 11 3411	ending any other information, enter change(s) here: (Attach additional sheets, if necess)	ary.)	
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Note	tive date, if other than the date of filing: [Coption Decrive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill. If the date inserted in this block does not meet the applicable statutory filing requirements, this denent's effective date on the Department of State's records.	ing.) Pursuant to 60	5 0207 (3) ted as the
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.r e 90th day after the record is filed.	n. on the earli	er of:
Dated	11 Junit 2017.	= -	
	Signature of a memori of authorized representance of a member	ALL AHA	
	Robbet C BULLOW	3887	7
	ROBACT C BULLOW Typed or printed name of signee	7.0	
			·

Filing Fee: \$25.00