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COVER LETTER

TO: Registration Sec Division of Corp			
So Fly Te	echnology Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nathan Jass		
		Name of Person	
	So Fly Technology (Group, LLC	
		Firm/Company	
	1580 Dorset Drive		
		Address	
	Mount Dora, FL 327	757	
		City/State and Zip Code	
	nathan.jass@gmail.c		
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please co	all:	
Nathan Jass		352 509-6283	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)	
ny were filed on 02/23/2015	and assigned
ability company here:	
ability Company," the designation "LLC"	or the abbreviation "L.L.C."
1580 Dorset Drive	
Mount Dora, FL 32757	
P.O. Box 403	15 MA
Tangerine, FL 32777	- Carrier
office address on our records,	enter the name of the
Enter Florida street address	
, Flori	ida Zip Code
i	ability company here: ability Company," the designation "LLC" 1580 Dorset Drive Mount Dora, FL 32757 P.O. Box 403 Tangerine, FL 32777 office address on our records, ere: Enter Florida street address , Flori

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

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = 'Manager

AMBR = Authorized Member <u>Title</u> **Name** <u>Address</u> **Type of Action** MGR **Chad Steverson** 36010 South Fishcamp Rd Add Grand Island, FL 32735 □ Remove _□ Add □ Remove □ Add 5 emove See Dadd 😇 **C**O □ Remove ☐ Add ☐ Remove □ Add ☐ Remove

amending any other information, ent	or enange(s) nere: (11.11.11.11.11.11.11.11.11.11.11.11.11.	incomi onecio, y necessury.,
•	,	*
Effective date, if other than the date of in the effective date must be specific, cannot be prior the date this document is filed by the Florida Depart	to date of receipt or filed date and car	(optional) not be more than 90 days after
The effective date must be specific, cannot be prior the date this document is filed by the Florida Depa. May 10	to date of receipt or filed date and car	(optional) not be more than 90 days after
The effective date must be specific, cannot be prior the date this document is filed by the Florida Depa. May 10	to date of receipt or filed date and car rtment of State)	(optional) not be more than 90 days after
Dated May 10	to date of receipt or filed date and car rtment of State)	not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

