115000065124

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

	Registration Sec Division of Corp		<u>-</u>	
SUBJEC		PA AIR, LLC		
SOBJEC		Name of Limit	ted Liability Company	
The encle	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspoi	ndence concerning this matter t	o the following:	
		VAD YAZVINSKI		
			Name of Person	
			Firm/Company	.
		950 HARBINS ROAD, UI	NIT 111	
			Address	
		LILBURN, GA 30047		
			City/State and Zip Code	
		james.mccunelaw@gmail.		
	;	E-mail address: (to	o be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	II:	
JAMES	MCCUNE		904 808-0426	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
25 ,8	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**

(Name of the Limited Liability Comp (A Florida Limited	one as it now onnever on our resords	
	Liability Company)	
document number L15000065124 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: mame must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." mew principal offices address, if applicable:	er L15000065124	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
e new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if applicable:		16 16
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
		- 19 -5
Taking address Print DE 11 1 001 OF 1 1 CD POST		- = -

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 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>	Name	Address	Type of Action
MGR	GRAND ESTATES MHP	950 HARBINS ROAD, UNIT 111	
		LILBURN, GA 30047	■ Remove
MGR	VAD YAZVINSKI	950 HARBINS ROAD, UNIT 111	■ Add
		LILBURN, GA 30047	☐ Remove
			Change
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
		.	□ Add
			□ Remove
			Change
			Remove
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Typed or printed name of signee

Filing Fee: \$25.00