## L15000065855

(R	Requestor's Name)
(A	address)
(A	address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	ocument Number)
ertified Conies	Certificates of Status



115-65865 NC Amend

Special Instructions to Filing Officer:

No Fee reguli filed name error up

Office Use Only

MAY 27 2015 N. CAUSSEAUX COVER LETTER

TO: R

Registration Section Division of Corporations

CUDIFOR.

102er-ties

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

Please return all correspondence concerning this matter to the following:

Kim Harshard
Name of Person
Firm/Company
14208 Morning Dave Un # B
Address
Contractor VA 20121 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of rerson

at ('///)
Area Code

Daving Telephone Number

Enclosed is a check for the 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

		Signature of New Registered Agent
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my ent as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
New Registered Agent's Signature, if changing Registered	-	
	City	, Florida Zip Code
	Enter Florida	street address
New Registered Office Address:		
Name of New Registered Agent:		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist registered agent and/or the new registered office address and/or the new registered agent and/or the new regis		ur records, enter the name of the new
Fater new mailing address, if applicable		
(Principal office address MUST BE A STREET ADDR.	<del></del>	
Enter new principal offices address, if applicable:		<u> </u>
A. If amending name, enter the new name of the limit  The new name must be distinguishable and contain the words "Limit	05 110	
This amendment is submitted to amend the following:		
Florida document number <u>LI5000068</u>	22	
The Articles of Organization for this Limited Liability Co		15 15 and assigned
(Name of the Limited Liability (A Florida	y Company as it now appears of Limited Liability Company)	n our records.)
Duing Kone Air	os Lic	

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
		***	□ Remove	
			□ Change	
			□ Add	
			□ Remove	
			□ Change	
			□ Add	
			□ Remove	
			Change	
			Add	
			□ Remove	
			☐ Change	
			☐ Add	
			Remove	
			Change	
			Add	
			□ Remove	
			<b>5</b> c	

, _	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	·
_	
_	
_	
_	
_	
****	
_	
-	
_	
_	
~	
<del></del>	
-	
Note:	we date, if other than the date of filing:
(f the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00