L150000 48869

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COVER LETTER

	Registration S Division of C					
SUBJEC	T: <u> </u>	ly High	Aircra	aft Sal	Les, L	LC ility Company
				Name of Li	iiiicu Liab	nity Company
Dear Sir o	or Madam:					
The enclo	sed Statemer	nt of Correction	n and fee(s)	are submitte	ed for filing	g.
Please ret	urn all corres	pondence cond	cerning this	matter to th	e following	g:
				reenbe	rg, Es	<u>.</u> q.
		Name of Pe	erson			
		1371	SW 12	th Ave	nue	
		Firm/Comp	any			_
				ach, Fl	և 3306	_9
		Address				
	····	City/State and S	7in Codo			_
		City/State and 2	sip Code			
		g	etdavi	dhg@gm	ail.co	m
E-m	nail address: (to be used for	future annu	al report not	ification)	-
For further	er information	n concerning th	nis matter, p	lease call:		
	Dav	id H. G	reenbe	rg _{at (}	954	560-3283
	Nam	e of Person			Area Code	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed	is a check fo	or the followir	ıg amount:			
\$25 Fi	ling Fee	□ \$30 Filing Certificate		□ \$55 Fili Certifie		□ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062	2 (2/14)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST:	The name of the limited liability company is: Fly High Aircraft Sales, LLC
SECONI	The Florida Document number of the limited liability company is: <u>L15000068869</u>
THIRD:	Document to be corrected is:
	Articles of Organization
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the rrected statement are as follows:
	he Manager listed was Joshua Lloyd. The Articles OMITTED providing
	hat Donald Lloyd was ALSO a Manager. The Articles should be amended nd corrected listing the following Managers Donald Lloyd and Joshua
	loyd. The addresses for both Managers is 1371 SW 12th Avenue, Pompan
<u>8</u>	gach, FL 33069.
	as defectively signed. The manner in which the document was defectively signed and the appropriate prection are as follows:
_	201 TA
_ <u>o</u>	
Ti	ne electronic transmission of the record was defective. 4-21-15
Signa	ture of Authorized Representative Date

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)