# L15000088240

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# ROBERT KIT KOREY, P.A. KOREY, SWEET, MCKINNON & SIMPSON

Attorney and Counselors at Law

Robert Kit Korey, P.A. Jeffrey C. Sweet Noah C. McKinnon, Jr., P.A. Scott E. Simpson, P.A Abraham McKinnon R. Kevin Korey

Suite A, Granada Oaks Professional Building 595 West Granada Boulevard Ormond Beach, Florida 32174 Telephone (386)677-3431 Telefax (386)673-0748

VIA FEDERAL EXPRESS

May 1, 2019

Registration Section.
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment for Papa Delta, LLC

Madam:

Enclosed please find Articles of Amendment for Papa Delta, LLC, a Florida Limited Liability Company for filing

I have enclosed a check in the amount of \$50.00 payable to the Department of State to cover filing fees and a certified copy.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very-truly yours.

Carleen R. Jones

Legal Assistant to Robert Kit Korey

enclosures

# **COVER LETTER**

то:	Registration Security Division of Corp				
CHID IE	Papa Delta .	Aviation, LLC			
SUBJECT: Name of Limited Liability Company					
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspon	ndence concerning this matter	to the following:		
		Robert Kit Korey, Esq.			
		Robert Kit Korey, P.A.	Name of Person	<del></del>	
		595 W. Granada Blvd. Ste.	Firm/Company A		
		Ormond Beach, FL 32174	Address		
		kit@koreylawpa.com	City/State and Zip Code		
		E-mail address: (t	o be used for future annual report notifi	cation)	
For furth	er information co	ncerning this matter, please ca	ill:		
Robert l	Cit Korey, Esq.		at () 677-3431x222	2	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for the	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

Papa Delta Aviation, LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our recor- Florida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liab	oility Company were filed on 5/13/2015	and assigned
Florida document number L15000088240		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u></u>
Principal office address MUST BE A STREET	ADDRESS)	
	·	
		2
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
3. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our record e address here:	s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre:	z.v.
		lorida
	City	Zip Code

### 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 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	Kawrenger Slade D		Add
			Remove
		911 John Anderson Dr., Ormond Beach, FL 32176	☐ Change
MGR	Morman B. Seltzer B. Actker	776 Riverside Dr., Ormond Beach, FL 32176	■ Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
	<del></del>	<del> </del>	☐ Add
			□ Remove
			Change
			Remove
			□ Change

	<u></u>
Liffactive data if other than the date of filings	/ontinent)
(If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's re-	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) applicable statutory filing requirements, this date will not be listed as the cords.
f the record specifies a delayed effective date, bub). The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:
Dated May . 2019	·
Signature of a member o	r authorized representative of a member
Lawrence Slade	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00