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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

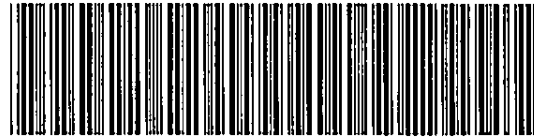
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/25/17--01014--023 **25.00

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17 SEP 25 PM 3:13
DIVISION OF REVENUE

Q. SIMMONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aerial Services of Central Florida, LLC.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Anita S. Partin

Name of Person

Aerial Services of Central Florida, LLC.

Firm/Company

4209 Isle Vista Avenue

Address

Belle Isle, FL 32812

City/State and Zip Code

James.partin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita S. Partin 407 592-67879
Name of Person at () Area Code Daytime 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

Page 1 of 3

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---------------------------------------|---|
| MGR | James D. Partin | 4209 Isle Vista Ave, Belle Isle, FL., | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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SECTION 13

FILED

10/15/11

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17 SEP 25 PM 3:19
JAN 13 1961

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated September 19, 2017

Annita S. Partin
Signature of a member or authorized representative of a member

Anita S. Partin

Typed or printed name of signee