## L15000166289

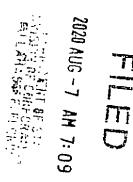
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SEP 2 8 2020 S. YOUNG

## **COVER LETTER**

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Registration Section

TO:

| Divi                                   | sion of Cor  | porations                                    | _   |  |  |  |
|--|--------------|--|---|--|--|--|
| etib lezer                             | Sheltair Av  | riatión Tampa, LLC                           | ·   |  |  |  |
| SUBJECT:                               |              | Name of Lin                                  | nited Liability Company   | ·  |  |  |
|  |              |  |   |  |  |  |
| The enclosed                           | Articles of  | Amendment and fee(s) are sub                 | omitted for filing.   |  |  |  |
| Please return                          | all correspo | indence concerning this matter               | to the following:   |  |  |  |
|  |              | Dena Auletto                                 |   |  |  |  |
|  |              |  | Name of Person  | <del></del>  |  |  |
|  |              | Saavedra-Goodwin                             |   |  |  |  |
|  |              |  | Firm/Company  |  |  |  |
|  |              | 312 S.E. 17th Street, 2nd I                  | Floor   |  |  |  |
|  |              |  | Address   | · · · · ·  |  |  |
|  |              | Fort Lauderdale, FL 33316                    | 5   |  |  |  |
|  |              | dauletto@saavlaw.com                         | City/State and Zip Code   |  |  |  |
|  |              | •  | to be used for future annual report no                              | tification)  |  |  |
| For further int                        | formation c  | oncerning this matter, please ca             | all:  |  |  |  |
| Dena Auletto                           |              |  | 954 767-6333  |  |  |  |
| _                                      | Name of      | f Person                                     | at ()<br>Area Code Daytii   | me Telephone Number  |  |  |
| C                                      | 1 1 2        | C. 11  |   |  |  |  |
|  |              | ne following amount:                         |   | _  |  |  |
| ■ \$25,00 Fi                           | ling 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) |  |  |
| Maili                                  | ing Addres:  | s:   | Street Address:   |  |  |  |
| Regi                                   | istration S  | Section                                      | Registration So   |  |  |  |
| Division of Corporations P.O. Box 6327 |              |  |   | Division of Corporations The Centre of Tallahassee   |  |  |
|  | ahassee, F   |  |   | rananassee<br>oe Street, Suite 810   |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Sheltair Aviation Tampa, LLC

| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  |
|--|
| The second state of the se |
| The Articles of Organization for this Limited Liability Company were filed on 09/30/2015 and argumed   |
| Florida document number L15000166289   |
| riorida document number  |
| This amendment is submitted to amend the following:  |
| A. If amending name, enter the new name of the limited liability company here:   |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |
| (Principal office address MUST BE A STREET ADDRESS)  |
|  |
| Enter new mailing address, if applicable:  |
|  |
| (Mailing address MAY BE A POST OFFICE BOX)   |
|  |
|  |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered  |
| agent and/or the new registered office address here:   |
|  |
| Name of New Registered Agent:  |
|  |
| New Registered Office Address:   |
| Enter Florida street address   |
| Florida  |
| City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |
|  |

## <u>1</u>

Thereby 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> | <u>Name</u>        | Address                   | Type of Action |
|--------------|--------------------|---------------------------|----------------|
| <u> </u>     | Warren D. Kroeppel | 4860 N.E. 12th Avenue     | 🗆 Add          |
|              |                    | Fort Lauderdale, FL 33334 | ■Remove        |
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| f an effect<br>Note: If  | date, if other than the dive date is listed, the date must like date inserted in this block 's effective date on the Dep | ne specific and cannot be ak does not meet the ar | plicable statutory filing re                   | (optional) han 90 days after filing.) Pursua quirements, this date will no | nt to 605,0207 of be listed as |
|                          |  |   |  |  |                                |
| e record s<br>d is filed | pecifies a delayed effective   | date, but not an effecti                          | ve time, at 12:01 a.m. on t                    | he earlier of: (b) The 90th  | day after the                  |
|                          | ^  | _   |  |  |                                |
| Dated                    | maust s  |   |  |  |                                |
|                          |  | 2 MA 2/ 1.  |  |  |                                |
|                          | - Mald   | ignature of a member of                           | authorized representative of a                 | member   |                                |
|                          |  | - A Member of                                     | zarysmus representative of a                   |  |                                |

Filing Fee: \$25.00