116000021941

(Re	equestor's Name)	
(Ac	idress)	
	<u>-</u>	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone #)	,
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
,	, ,	
(Do	ocument Number)	
Centified Copies	_ Cenificates of	Status
Special Instructions to	Filing Officer:	9/28

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COVER LETTER

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Tallahassee, FL 32314

TO: Registration S Division of Co			
CIALLY ART CYTY	lyers, LLC		
SUBJECT:	Name of Lin	tited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Judi Oswald		
		Name of Person	
		Firm/Company	
	3640 3rd Ave		
		Address	
	Grant-Valkaria, Florida 3	2950	
	oswaldrj@gmail.com	City/State and Zip Code	
	· ·	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Michael Freeman		321 474-5412 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	aria
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 633	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Valkaria Flyers, LLC (Namy of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/06/2016 and assigned Florida document number L16000021941 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: 3640 3rd Ave (Principal office address MUST BE A STREET ADDRESS) Grant-Valkaria, Florida 32950 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: Judi H Oswald Name of New Registered Agent: 3640 3rd Ave New Registered Office Address: Enter Florida street address

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.

Grant-Vallaria

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
AMBR	White Freezeway	1170 thive: Drive N.E.	
		Kalm Suy FL 32FUS	Remove
AMBR	Judi Conald	3640 3rd Ave.	Add
		Grant-Vallaria, FL	
		3,2950	ClChange
			TAdd
			TRemove
			TChange
			□Add
			TRemove
			Change
			[I] Change
			T.Add
			=Remove
			TChange

_	nding any other information, enter change(s) here: (Attach additional sheets, it necessary.)
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fleet	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory fiting requirements, this date will not be fixed
locum	ent's effective date on the Department of State's records
recor d is fi	I specifies a delayed effective date, but not an effective time, at 12:01 a m, on the earlier of: (b) . The 90th day after f ed.
Dated	September 20, 2023.
	September 20 2023 First Could Signature of a member or authorized representative of a member Ticli Could Typed at printed name of signee
	Signature of a memorial in admired Education Committee of a memorial

Filing Fee: \$25.00