

L16000028785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

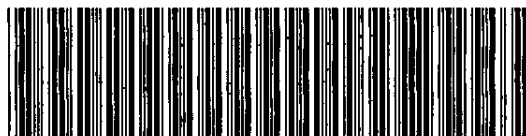
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB 22 PM 12:28
TALLAHASSEE, FLORIDA

FEB 26 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY WEST FLYING CLUB, 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:

JORDAN SMITH
Name of Person

Firm/Company

1107 KEY PL2. #300
Address

KEY WEST, FL 33040
City/State and Zip Code

JORDAN@BROADWAVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN SMITH at (305) 767-1469
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

KEY WEST FLYING CLUB, LLC

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>
AMBR	PETER BATTY, JR	2718 HARRIS AVE	<input type="checkbox"/> Add
		KEY WEST, FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILL LANGLEY	336 DUVAL	<input type="checkbox"/> Add
		KEY WEST, FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORDAN SMITH	1107 KEY PLZ #300	<input type="checkbox"/> Add
		KEY WEST, FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JRS HOLDINGS, LLC	1107 KEY PLZ #300	<input checked="" type="checkbox"/> Add
		KEY WEST, FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIET SIERRA FLYING FLIGHT SYSTEMS, LLC	1107 KEY, PLZ #300	<input checked="" type="checkbox"/> Add
		KEY WEST, FL 33040	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 FEB 28 PM 2:28
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U.S. DEPT. OF JUSTICE
KEY WEST, FL 33040

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

16 FEB 22 PM 12:28
CLERK OF SUPERIOR COURT
FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

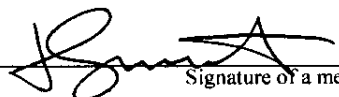
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEB 13, 2016.



Signature of a member or authorized representative of a member

JORDAN SMITH

Typed or printed name of signee