## L16000112244

(Requ	uestor's Name)	
lbbA)	ress)	
nbbA)	ress)	
(City/	State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
	<u> </u>	

Office Use Only



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cf 8/10/2025

## **COVER LETTER**

	'AY FIFTEEN, LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HAYDEE CEBALLOS, C	PA	
		Name of Person	
	CEBALLOS CEBALLOS	BESTULICH & PADRON LLC	
	<u> </u>	Firm/Company	
	890 SOUTH DIXIE HIGH	IWAY	
		Address	<del></del>
	CORAL GABLES, FL 33	146	
		City/State and Zip Code	
	HCEBALLOS@CCBP-CP	AS.COM to be used for future annual report notifica	tion)
For further information of	concerning this matter, please co		
HAYDEE CEBALLOS.		305 381-0825	
Name o	of Person	at () Area Code Daytime T	elephone 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 Address Registration		Street Address: Registration Secti	on
Division of C	Corporations	Division of Corpo	orations

P.O. Box 6327

4.

Registration Section

TO:

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 000 23 75 10: 03

FLIGHTWAY FIFTEEN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number L16000112244	ility Company were filed on 06/09/2016	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
FLIGHTWAY SEVENTEEN, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
B. If amending the registered agent and/or registered affice address by		r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		.=
	Enter Florida street addre	25 <i>S</i>
		lorida Zip Code
	Cuy	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 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
<del></del>			
		<del></del>	□Remove
			□Change
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			□Change
	<del></del>		□Add
		<del></del>	□ Remove
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	1	06/19/2025
rrectiv fan effe	ctive date is listed, the da	on the date of filing: (optional)  ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
		this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
record d is file		ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	JUNE 19	2025
)ated		
Dated _	- 1	
Dated _	Mayle	Civillos Vager, Mar.
Dated _	Hapiles	Signature of a member of authorized representative of a member

• • • •

Filing Fee: \$25.00