Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160003133113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AEROLANK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K SALY DEC 23 2016

https://efile.sunbiz.org/scripts/efilcovr.exe

12/22/2016

ido

w.

100

		•	COVER LETTER	
	gistration Sec vision of Corp			
SUBJECT:	AEROLAN	K, LLC		
SUBJECT		Name of Lim	ited Liability Company	· ·
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Piease retur	n all correspon	dence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	-
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11th	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		spencelankford@yahoo.c		
		F-muil address: (to be used for future annual report notifier	ntion)
For further	information co	ncerning this matter, please or	all:	
Cheyenne	Moseley		800 773-0888 ext.	_
	Name of	Person	Arca Code Daytime T	elephone Number
Enclosed is	a check for the	following amount:		
二 \$25.00	Filing Fcc	☐ \$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 Carparations Clifton Bullding 2661 Executive Center Circle Tallahassee, FL 32301

...

44:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	T	AMENDMENT O DRGANIZATION OF ANY AS It now appears on our records.) Liability Company)
ART		DRGANIZATION
•	O	To the state of th
AEROLANK, LLC		
(Name of the Lim	(A Florida Limited	niv as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited lorida document numberL16000202648	Liability Company	were filed on 11/03/2016 and assigned
his amendment is submitted to amend the fo	llowing:	
	-	
. If amending name, enter the new name	of the limited liab	ility company here:
he new name must be distinguishable and end with th	e words "Limited Liah	oility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl		10138 208th Street
Principal office address MUST BE A STRE		O'Brien, FL 32071
inter new mailing address, if applicable:		626C Admiral Drive #212
Mailing address MAY BE A POST OFFICE	E BOX)	Annapolis, MD 21401
. If amending the registered agent and existered agent and/or the new registered		
		flice address on our records, <u>enter the name of the</u>
Name of New Registered Agent:	oMce address her	
esistered agent and/or the new registered of	oMce address her	g:

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	John S. Lankford	607 Tropical Breeze Way	□ Add
		Tampa, FL 33602	☑ Remove
MGR	John Todd Spencer Lankford	10138 208th Street	⊠ Add
		O'Brien, FL 32071	□ Remove
			Bild Persove L. F. P.
			SET OF BAdd OF SE PRomove
			□ Remove
			□ Add
			□ Remove
			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	.,
アジ	Zalle DES
E. Effective date, if other than the date of filling: (The effective date must be specific, cannot be prior to date of receipt or filed date and cunnot be more than 90 days after the date this document is filed by the Florida Department of State)	ST ST ST
Dated 12 Oec 20/6	是
Signature of a member or authorized representative of a member	55.56
John Todd Spencer Lankford Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00