

L16000226411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

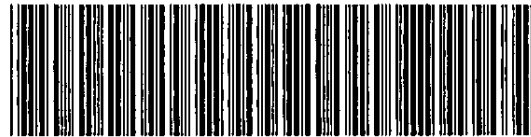
(Business Entity Name)

(Document Number)

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MAY 02 2017

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: N423DB, 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:

Jason Goldstein

Name of Person

Richards Goldstein, LLP

Firm/Company

55 Miracle Mile, Suite 310

Address

Coral Gables, Florida 33134

City/State and Zip Code

ririchards@rgattorneys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Goldstein 305 448-2228

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

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TALLAHASSEE
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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	The Flying Classroom, LLC	14850 NW 44th Court, Suite 203	<input type="checkbox"/> Add
		Opa Locka, Florida 33054	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Irving, Barrington	14850 NW 44th Court, Suite 203	<input type="checkbox"/> Add
		Opa Locka, Florida 33054	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The authorized person listed as The Flying Classroom, Inc. should be changed to The Flying Classroom, LLC.

The Flying Classroom, LLC and Barrington Irving are listed at the following address:

14950 NW 44th Court, Suite 23, Opa Locka, Florida 33054

But this address should be changed to the following:

14850 NW 44th Court, Suite 203, Opa Locka, Florida 33054

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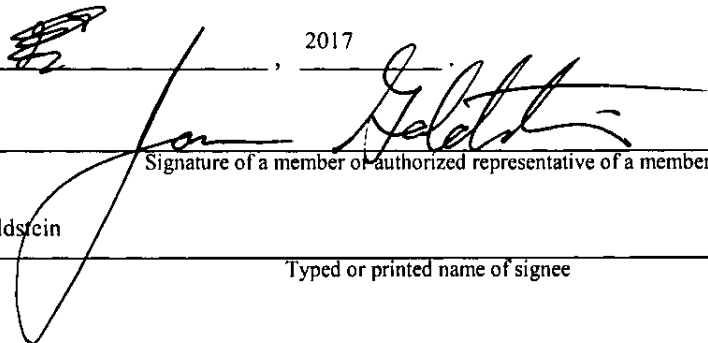
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 April 27, 2017



Signature of a member or authorized representative of a member

Jason Goldstein

Typed or printed name of signer