

L170000000616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 FEB 24 PM 2:19

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FEB 28 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIRTRACE 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:

ELLIOT KLEIN

Name of Person

AIRTRACE LLC

Firm/Company

550 NW 29TH ST.

Address

MIAMI, FL 33127

City/State and Zip Code

EKLEIN@LVGLoc.COM

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

For further information concerning this matter, please call:

ELLIOT KLEIN

Name of Person

at (646)

Area Code

709-3688

Daytime Telephone Number

Enclosed is a check for the following amount: - SEE LETTER ATTACHED; PRE-Paid FILING

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2017

ELLIOT KLEIN
550 NW 29TH STREET
MIAMI, FL 33127

SUBJECT: AIRTRACE LLC
Ref. Number: L17000000616

RECEIVED
2017 FEB 24 PM 3:09
TALLAHASSEE, FLORIDA

We have received your document for AIRTRACE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Page 1 and 3 is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00001185

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB 24 PM 2:19

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AIRTRACE, 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 Liability Company were filed on JANUARY 3, 2017 and assigned Florida document number L17000000616

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Elliot Klein	550 NW 29 th Street	<input checked="" type="checkbox"/> Add
		Miami FL 33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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17 FEB 21 PM 4:19
TALLAHASSEE, FLORIDA

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

AMENDMENT ONLY NAME/ADDRESS/TITLE OF "AUTHORIZED PERSON"

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. 20, 2017, _____

ΣΠΗΛΙΑ ΧΗΣ

Signature of a member or authorized representative of a member

Elliot Klein

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
JAN 10 1964
MEMPHIS TENNESSEE