

L17000014619

Oct 05 2017 3:17PM

THE FAX

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P.2

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H170002572283ABC1

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : JOHN L. TOMLINSON  
Account Number : I19980000017  
Phone : (954) 861-1644  
Fax Number : (954) 784-4398

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*J*  
10/6/17

**\*\*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  
ATLANTIC AERODYNE, LLC

Certificate of Status	0
Certified Copy	0
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THE FAX  
10/2/2017 9:46:32 AM PAGE 1/001 Fax Server

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p. 1



October 2, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATLANTIC AERODYNE, LLC  
6934 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33067

SUBJECT: ATLANTIC AERODYNE, LLC  
REF: L17000014619

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: B17000257228  
Letter Number: 517A00019790

P.O BOX 6327 - Tallahassee, Florida 32314

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

ATLANTIC AERODYNE, 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 01/20/2017 and assigned  
 Florida document number L17000014619.

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)

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 TALLAHASSEE, FLORIDA

**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:

John L. Tomlinson

New Registered Office Address:

41 Cayuga Road

*Enter Florida street address*

Sea Ranch Lakes

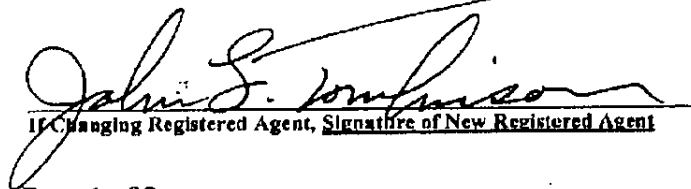
, Florida 33308

*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.*

  
John L. Tomlinson  
 If Changing Registered Agent, Signature of New Registered Agent

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

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 October 3

2017

Signature of a member or authorized representative of a member

Vincent C. Mariano

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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