

L17000041179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

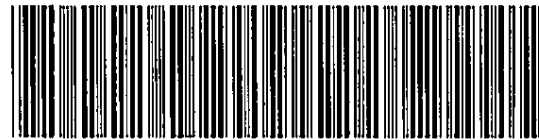
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/19/18--01019--014 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 19 AM 8:33

B FIGUEROA

JAN 23 2018

Shiprock Aviation Services, LLC
PO Box 643068
Vero Beach, FL 32964
PH: 253-273-9020

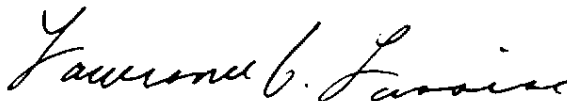
January 16, 2018
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is an amendment form and appropriate filing fees to change the name of my current company, Shiprock Aviation Services, LLC to **Coastal Jets, LLC**. Please make the name change effective upon completion of the amendment process.

Thank you for your assistance.

Regards,

A handwritten signature in cursive script, reading "Lawrence B. Lassise".

Lawrence Lassise
President - Shiprock Aviation Services, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

Shiprock Aviation Services, LLC

SUBJECT: _____
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:

Lawrence Lassise

Name of Person

Shiprock Aviation Services, LLC

Firm/Company

P.O. Box 643068

Address

Vero Beach, Fl. 32964

City/State and Zip Code

larry.lassise@gmail.com

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

For further information concerning this matter, please call:

Lawrence Lassise 253 273-9020
 _____ at (_____) _____
 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

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

Shiprock Aviation Services, 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 February 21, 2017 and assigned
Florida document number L17000041179.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Coastal Jets, LLC

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)

905 Jasmine Ln

Vero Beach, FL 32963

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 643068

Vero Beach, FL 32964

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

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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
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[illegible]

(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)

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.

1/16/18 ^{17.} 2018

Lawrence G Lassise

Typed or printed name of signee

Filing Fee: \$25.00

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