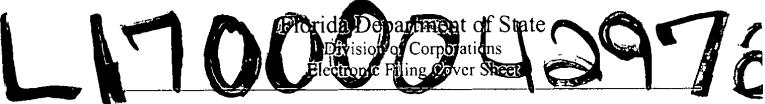
Division of Corporations



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.

(((H21000336793 3)))



H210003367933ABC1

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

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

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

Email Address: amanda@activatemylicense.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARCHANGEL AIR LLC.

Certificate of Status	0
Certified Copy	0
Page Count .	05
Estimated Charge	\$25.00

LO PM 2

SEP |

Electronic Filing Menu

Corporate Filing Menu

Hell

Fax: (850) 617-6383

Page: 3 of 6

09/10/2021 2:26 PM

## COVER LETTER

H21000336793 3

TO: Registration Section **Division of Corporations** SUBJECT: ARCHANGEL AIR 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: **AMANDA JOHNS** Name of Person CONTRACTOR'S REPORTING SERVICE Firm/Company 13795 N NEBRASKA AVE Address **TAMPA FL 33613** City/State and Zip Code amanda@activatemylicense.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ഗ 932-5244 AMANDA JOHNS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**Mailing Address:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

From: AMANDA JOHNS

Fax: 18139325244

Fax: (850) 617-6383

Page: 4 of 6

09/10/2021 2:26 PM

H21000336793 3

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

ARCHANGEL AIR LLC	e as it now appears an our	records \	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	70000.7	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L17000042972</u>	vere filed on 02/14/201	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our records,	enter the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree		
	Enter Fiorial street dauress		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	c.ny		
	a en a en incelhio accumati	s. I fouther caree to comply with the	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my du rovided for in Chapter	ties, and I am familiar with and	

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.

From: AMANDA JOHNS

Fax: 18139325244

To:

Fax: (850) 617-6383

Page: 5 of 6

09/10/2021 2:26 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

H21000336793 3

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MBR	EDWARD P HUMES	28554 TWINBROOK LN	<b>=</b> Add
		WESLEY CHAPEL FL 33543	□Remove
			Change
			□∧dd
			Remove
			□Change
			🗆 🗸 🗆 Add
		Remove	
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Remove	
			□Change
			Remove
			□Change
			🗆 Add
			Remove
			Change

member or authorised representative of a member.

JESUS PAUBLO ALVAREZ
Typed or printed name of signee