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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE TALLAHASSEE, FLORID

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COVER LETTER

| Division of Cor | rporations | | |
|----------------------------|---|---|---|
| | Investments, LLC | | |
| NOBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for tiling. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Daniel S. Friebis | | |
| | - | Name of Person | |
| | Friebis & Associates | | |
| | | Firm/Company | |
| | 3890 Turtle Creek Drive - | Suite B | |
| | | Address | |
| | Port Orange, FL. 32127 | | |
| | dan.friebis@kyrstin.net | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information of | concerning this matter, please c | all: | |
| Daniel S. Friebis | | 386 492-7915 | |
| Name of Person | | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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

TO:

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

TO ARTICLES OF ORGANIZATION OF

Centerline Investments, 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 June 12, 2017 and assigned Florida document number <u>L17000128231</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Airway Art, 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) 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 r registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Circ

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 a 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 acor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|--|----------------|
| MGR | Scott Alexander | 1 Snap Roll Lane Port Orange, FL. 32128 | |
| | | | Remove |
| | | | ☐ Change |
| MGR | Susan C. Alexander | I Snap Roll Lane Port Orange, FL, 32128 | Add |
| | | | □ Remove |
| | | | □ Change |
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| fective date, if other than the an effective date is listed, the date in ote: If the date inserted in this locument's effective date on the experience of the specifies a delayed. The 90th day after the results of the specifies of the specifies and the results of the specifies of the specifies and the specifies of the specifies | olock does not meet the ap Department of State's reco ed effective date, but | plicable statutory film rds. | g requirements, this | s date wiii i | got be fisted |
| The 90th day after the re | cora is mea. | | | | |
| August I | 2019 | | | | |
| fully | Signature of a member or : | | e of a member | | |
| Scott Alexander | | | | | |
| | Typed or r | rinted name of signee | | | |

Page 3 of 3

Filing Fee: \$25.00