

L17000128688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

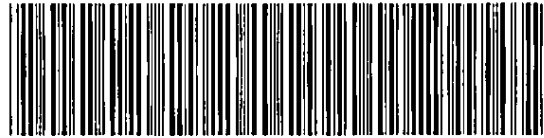
(Business Entity Name)

(Document Number)

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2017 JUL 27 P 2:56

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AUG 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Left msg for
Deb Bruce
7/25/17 @ 12 noon*

July 17, 2017

PATTI MILLER
3417 LAKE BREEZE DRIVE
ORLANDO, FL 32808

SUBJECT: CINE AIR SERVICES, LLC
Ref. Number: L17000128688

We have received your document for CINE AIR SERVICES, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Deborah Bruce
Regulatory Specialist III

Letter Number: 017A00014870

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JUL 27 PM 2:56
TALLAHASSEE, FLORIDA

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2017 JUL 31 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2017

PATTI MILLER
3417 LAKE BREEZE DRIVE
ORLANDO, FL 32808

SUBJECT: CINE AIR SERVICES, LLC
Ref. Number: L17000128688

We have received your document for CINE AIR SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Deborah Bruce
Regulatory Specialist III

Letter Number: 717A00013459

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cine Air Services 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:

Patti Miller

Name of Person

Cine Air Services

Firm/Company

3417 Lake Breeze Drive

Address

Orlando, FL 32808

City/State and Zip Code

patti.miller@mikefullergroup.com

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

For further information concerning this matter, please call:

Patti Miller

Name of Person

at (407) 2922727

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

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2017 JUN 30 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 JUL 27 P 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Cine Air 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 6/13/17 and assigned
Florida document number L17000128688

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 "L.L.C." 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:

of MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<i>Mr MGR</i>	Michael B. Fuller	3417 Lake Breeze Drive, Orlando, FL 32808	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<i>Mr. MGR</i>	Bradford N. Fuller	3417 Lake Breeze Drive, Orlando, FL 32808	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
2017 JUL 21 PM 5:06
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2017 JUN 27 P 2:56
SECURITY
TALLAHASSEE, FLORIDA

FILED
2017 JUL 27 P 2:56
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

Dated 6/27, 2017

[Signature]

Signature of a member or authorized representative of a member

Michael B. Fuller
Typed or printed name of signer