

L17000128733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

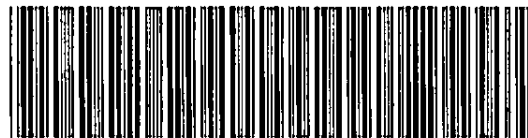
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

Q SIMMONS
JUL 28 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: # 1 FAA DEALER 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:

JORGE RAMOS

Name of Person

1 FAA DEALER LLC

Firm/Company

25032 PALM LANE

Address

SUMMERLAND KEY, FL 3304

City/State and Zip Code

JORGE@FAADEALER.COM

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

For further information concerning this matter, please call:

JORGE RAMOS

786 498-3750
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

1 FAA DEALER LLC

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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>
MGR	COREY MICHAEL WHELAND	2595 OLD WASHINGTON RD	<input checked="" type="checkbox"/> Add
		PITTSBURGH, PA 15241	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRIS HONEYCUTT	13880 S. 292ND E. AVE	<input checked="" type="checkbox"/> Add
		COWETA, OK 74429	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Change
Add
Remove
Change

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

EIN NUMBER: 82-2171699

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DIVISION OF CRIMINAL JUSTICE

E. 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 07/18, 2017

Signature of a member or authorized representative of a member

JORGE RAMOS

Typed or printed name of signee