## 117000128733

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
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## **COVER LETTER**

	egistration Sectivision of Corp			
SUBJECT:		EALER LLC		
	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	m all correspon	ndence concerning this matter	to the following:	
		JORGE RAMOS		
			Name of Person	
		# 1 FAA DEALER LLC		
			Firm/Company	
		25032 PALM LANE		
			Address	
		SUMMERLAND KEY, FI	_ 3304	
		JORGE@FAADEALER.C	City/State and Zip Code	
*		• •	to be used for future annual report notifica	r filing.  lowing:  me of Person  m/Company  Address  ate and Zip Code  for future annual report notification)  786
For further	information co	oncerning this matter, please or	nil:	
JORGE R	AMOS			
	Name of	Person		elephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

# 1 FAA DEALER LLC		
(Name of the Limited Liabil (A Flord	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L17000128733	Company were filed on 6/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADD	RESS)	5107
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Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	the abbreviation "L.L.C."  Ol. 1510H CF COld Care Care Cold Care Care Cold Care Care Care Cold Care Care Care Care Care Care Care Care
	, Florid	
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	COREY MICHAEL WHELAND	2595 OLD WASHINGTON RD	<b>■</b> Add
		PITTSBURGH, PA 15241	□ Remove
			☐ Change
MGR	CHRIS HONEYCUTT	13880 S. 292ND E. AVE	<b>=</b> Add
		COWETA, OK 74429	Remove
		<del> </del>	☐ Change
			□ Remove
			Change PH Cold
			Grandy D
			☐ Cfrange
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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ffective date, if other than t an effective date is listed, the date i	nust be specific an	id cannot be prior	to date of filing or	more than 90 days a	ptional) fter filing.) Pursuant to	605.0207
ote: If the date inserted in this ocument's effective date on the	block does not i	meet the applica	ible statutory fili	ng requirements,	this date will not be	listed as
seament's effective date of the	rzepartnent (a a	orate s records.				
e record specifies a delay	ad offactive	data but no	t an affactiva	time at 17.0	1 a con an tha con	عم سمناس
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	Signature of a	member or author	rized representativ	e of a member		-

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Filing Fee: \$25.00