

L17000157269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

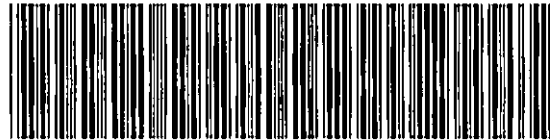
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TALLAHASSEE, FLORIDA

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2017 AUG 10 PM 3:55  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

K. SALY  
AUG 11 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Airborne Spares, 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:

Robert C. Ross

\_\_\_\_\_  
Name of Person

Airborne Spares, LLC

\_\_\_\_\_  
Firm/Company

5196 Greenwood Dr

\_\_\_\_\_  
Address

Delray Beach, Florida, 33484

\_\_\_\_\_  
City/State and Zip Code

rssbobby@gmail.com

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

For further information concerning this matter, please call:

Robert Ross

561

504-1335

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

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

Airborne Spares, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2017 AUG 10 PM 3:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/24/17 and assigned  
Florida document number L17000157269.

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 "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

5196 Greenwood Dr

Delray Beach Florida 33484

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5196 Greenwood Dr

Delray Beach Florida 33484

**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:

Robert C. Ross

New Registered Office Address:

5196 Greenwood Dr

*Enter Florida street address*

Delray Beach

Florida 33484

*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>	<u>Address</u>	<u>Type of Action</u>
	Lindair Greenberg	10710 NW 71ST PL.	<input type="checkbox"/> Add
		Tamarac 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	Robert C. Ross	5196 Greenwood Dr	<input checked="" type="checkbox"/> Add
		Delray Beach, Florida 33484	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 ST. JOHNS COUNTY  
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 1000 N. GULF BLVD.  
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 FORT MYERS, FL 33901

2011 R02  
SOLICITATION  
FALCON SEC 110810

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CLERK OF DISTRICT COURT  
JULIA HARRIS, CLERK

**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 August 8th 2017

Signature of a member or authorized representative

Robert C. Ross

Typed or printed name of signee