LITC	2018	6606
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(Address)	
(Address)	—
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(Document Number)	
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O SINIMONS SEP - 7 2017

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· .	COVER LETTER
TO: Registration Section Division of Corporations	
subject: Executive Helico	per Tours, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s)	re submitted for filing.
Please return all correspondence concerning this	natter to the following:
James N. Powell	
Name of Person	
Powell, Carney, Maller	, P.A.
Firm/Company	
One Progress Plaza, S	uite 1210
Address	00704
St. Petersburg, Florida	33701
jnpowell@powellcarne	vlaw com
E-mail address: (to be used for future annua	
For further information concerning this matter, pl	ease call:
James N. Powell	<u>at(727898-9011</u>
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
S25 Filing Fee S30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy Certified Copy
CR2E062 (9/15)	

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	, ST	ATEMENT OF CORRECTION
	FLORIDA OR F	FOR OREIGN LIMITED LIABILITY COMPANY
Pursuant to se	ection 605.0209. F.S., this docum	ent is being submitted to correct a previously filed document.
FIRST: The i	name of the limited liability comp	any is: Executive Helicoper Tours, LLC
<u>SECOND:</u>	The Florida Document numbe	er of the limited liability company is: L17000186606
THIRD:	Document to be corrected is:	Articles of Organization
		E BOX AND COMPLETE THE APPLICABLE STATEMENT
🗴 Cont		incorrect statement, the reason the statement is incorrect, and the corrected
The	e spelling for the LL	C name is incorrect. The name was
inc	orrectly stated as "E	xecutive Helicoper Tours, LLC." The name
of	the limited liability co	mpany is "Executive Helicopter Tours, LLC"
Was as fol	defectively signed. The manner i lows:	n which the document was defectively signed and the appropriate correction appropriate correction and the appropriate correction appropriate correction and the appropriate correction appropriate correction and the appropriate correction approprise correction appropriate correc
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<u>OR</u>		
The e	lectronic transmission of the reco	nd was defective.
	St-nl-	9-1-17
	Signature of Authorized Rep	resentative Date
Signature of n accepting the	ew registered agent, if applicable designation).	(NOTE: if correcting the registered agent, the new registered agent must sign
I hereby accept provisions of cooligations of	all statutes relative to the proper a my position as registered agent a ge in the registered office address	Registered Agent: igent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and accept the s provided for in Chapter 605, F.S. Or, if this document is being filed to merely I hereby confirm that the limited liability company has been notified in writing
	<u> </u>	Registered Agent's Signature
		 Filing Fee: S25.00 filed Copy: S30.00 (optional)