117000204153

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		

Office Use Only



600305006276

10/27/17--01008--003 **25.00

Jo 3 1/2

7 OCT 27 PM II: 2

COVER LETTER

TO:

	Registration Se Division of Cor			
SHD IE7		N FAMILY AVIATION LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		STEVEN R WHITLEY		
			Name of Person	
		SWANSON FAMILY AV	IATION LLC	
			Firm/Company	
		5249 SUMMERLIN COM	MONS BLVD., STE 100	
			Address	
		FORT MYERS, FL 33907		
			City/State and Zip Code	
		srwhitley@wwreepa.com	to be used for future annual report notif	
For furth	er information c	oncerning this matter, please ca		ication)
Steven F	R Whitley		239 334-9191 at ()_	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$ 25,0	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000204153</u> .	were filed on October 3, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	17.55 17
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	P P
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	0 P
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
registered agent and/or the new registered office address new	Σ.
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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Steven R Whitley	5249 Summerlin Commons Blvd.	■ Add
		Ste 100	Remove
		Fort Myers, FL 33907	Change
			□ Add
			Remove
			Change
			
			☐ Remove
			☐ Change
		 	
			Remove
			Change
		□ Remove	
			Change
			Add
			Remove
			Change

						
, , , , , , , , , , , , , , , , , , , ,						_
				·		
			-			
		<u>.</u>				
			-		= ± 0 =	
<u></u>			·	<u> </u>	E	> -
					T	3 7
		·			SEG	m F
					رابد (۱ <u>)</u> ۱ ن کمتر	ァ ㅁ
					, OR T.	=
					<i>></i>	<u> 1</u> 1
•						
		<u>.</u> .				
fective date, if of	her than the date o	f filing:		(0	optional)	
ote: If the date inse	ed, the date must be spec erted in this block doe	s not meet the ap	plicable statutory fi			
cument's effective	date on the Departme	int of State's reco	ras.			
	s a delayed effec fter the record is		not an effective	e time, at 12:0	01 a.m. on the	earlier o
October 23, 20)17 / 4	n				
ited	A 112		·			
,						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00