

L17000259590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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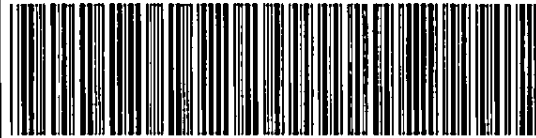
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FLY UMATILLA, 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 L. WILSON

Name of Person

RLW CAPITAL, LLC

Firm/Company

680 N. CENTRAL AVENUE

Address

UMATILLA, FL 32784

City/State and Zip Code

BILLING@RLWREALTY.COM

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

For further information concerning this matter, please call:

ROBERT L. WILSON

352 771-2560

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**

FLY UMATILLA, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/20/2017 and assigned
Florida document number L17000259590.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

RLW CAPITAL, LLC

New Registered Office Address:

680 N. CENTRAL AVENUE

Enter Florida street address

UMATILLA

Florida

32784

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>
MGRM	RLW CAPITAL, LLC	680 N. CENTRAL AVENUE	<input checked="" type="checkbox"/> Add
		UMATILLA, FL 32784	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	R. SCOTT BLANKENSHIP	P.O. BOX 2405	<input checked="" type="checkbox"/> Add
		UMATILLA, FL 32784	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	PAUL W. BRYAN II	1619 BANNING BEACH ROAD	<input checked="" type="checkbox"/> Add
		TAVARES, FL 32778	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	THOMAS LEE BRYAN	P.O. BOX 2250	<input checked="" type="checkbox"/> Add
		UMATILLA, FL 32784	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LOGAN WILSON	680 N. CENTRAL AVENUE	<input type="checkbox"/> Add
		UMATILLA, FL 32784	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

18 JAN - 5 AM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

(b) The 90th day after the record is filed.

Dated JANUARY 4

2048

Signature of a member or authorized representative of a member

LOGAN WILSON

Typed or printed name of signer