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COVER LETTER

SUBJECT: Tampa Bay Air 11 LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Christopher Nelson Name of Person	
Tampa Bay Air 11 LLC	
' Into Company	
15131 Willowdale Road	
Tampa, FL 33695 City/State and Zip Code	
Chelson Nac Specialist @gmail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christopher Nelson at (813) 601-2264 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee□.\$30.00.Eiling Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Bay Air II (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 18000 39663	were filed on $\frac{2/13/18}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3 7 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(Principal office address MUST BE A STREET ADDRESS)	AR DARK
	2 PR 5 PR
Enter new mailing address, if applicable:	م بنس
(Mailing address MAY BE A POST OFFICE BOX)	7: 09
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Finter 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

or removed for	rom our records:		
MGR = Ma AMBR = Au	nager' thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	Christopher Nelson	15131 Willaudale R Tampa F-L 33629	2d D'Add
		Tampa F-L 3362	☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

If ame	ending any other information, enter change(s) here: (Attach additional shee	ts, if necessary.)
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	ive date, if other than the date of filing: $\frac{21818}{}$	(ontional)
(If an effi Note:	ive date, if other than the date of filing: \(\simeq \) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.0207 (2) ments, this date will not be listed as the
the rec	cord specifies a delayed effective date, but not an effective time, at 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated		
	Christopher Melson Signature of a member or authorized representative of a member	
	CI COLOR TO THE CO	her
	Signature of a member or authorized representative of a mem	

Page 3 of 3

Filing Fee: \$25.00

Florida Department of State

DIVISION OF COPPORATIONS



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Limited Liability Company TAMPA BAY AIR II LLC

Filing information

Document Number

L18000039663

FEI/EIN Number

NONE

Date Filed

02/13/2018

Effective Date

02/08/2018

State

--

Status

ACTIVE

Principal Address

15131 WILLOWDALE ROAD

TAMPA, FL 33625

Mailing Address

15131 WILLOWDALE ROAD

TAMPA, FL 33625

Registered Agent Name & Address

NELSON, CHRISTOPHER A 15131 WILLOWDALE ROAD TAMPA, FL 33625

Authorized Person(s) Detail

Name & Address

Title AP

NELSON, NATALIA 15131 WILLOWDALE ROAD TAMPA, FL 33625

Annual Reports

No Annual Reports Filed

Document Images

02/13/2018 -- Florida Limited Liability

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