Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000078263 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGACY TAX, INC.

Account Number : I20120000069

Phone

: (561)683-3000

Fax Number

: (561)965-0938

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORTRESS AVIATION, LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	04
Estimated Charge	. \$25.00

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MAR 28 2018

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Help

H180000383633

TO:18506176383

FROM: 5619650938 -1(80000 -182633

COVER LETTER

	ion Section of Corporations		
FOR SUBJECT:	TRESS AVIATION, LLC.		
SUBJECT:	Name of Limited	Liability Company	
The enclosed Arti-	eles of Amendment and fee(s) are submitt	ted for filing.	
Please return all co	prespondence concerning this matter to the	he following:	
	ARNALDO J COUCELO		
		Name of Person	
	LEGACY TAX, INC.		
		Firm/Company	
	1818 S AUSTRALIAN AVEN	NUE, SUITE 202	
		Address	
	WEST PALM BEACH, FL 33	3409	
		City/State and Zip Code	
	LEGACYTAXCORPS@GMA		<u> </u>
For further inform	ts-mail address; (to b ation concerning this matter, please call:	e used for future annual report notification	
ARNALDO J CO	UCELO	561 683-3000 at () 863	(3) -7
	Name of Person k for the following amount:		phone Number 9
\$25.00 Filing	Fee S \$30.00 Filing Fcc & Certificate of Status	□ \$55.00 Filing Fee &: Certified Copy (additional copy is enclosed)	☐ S60.00 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

03/27/2018

09:31 AM PDT

TO:18506176383 FROM:5619650938

H (80000 782633

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTRESS AVIATION, LLC.				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited 1 Florida document number L18000057092		were filed on	3/5/18	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here	:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)				
				
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on c	our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	N/A			**************************************
New Registered Office Address:	N/A			9: 9:
		Enter Floride	r street address	<i>></i>
		Au.	, Florida	I Zıp Code
		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

Page 1 of 3

03/27/2018	09:31 AM PDT	TO:18506176383	FROM:5619650938	m 180000 Pagg 12 6 5
				111000000000000000000000000000000000000

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

Title	<u>Name</u>	Address	Type of Action
MGR	VANN WHITE	2041 HIGH RIDGE RD	
		BOYNTON BEACH, FL 33426	■ Remove
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(If an effective Note: If the	ate, if other than the date date is listed, the date must be sp e date inserted in this block de effective date on the Departn	ecific and cannot be prior to o	late of filing or more than 90 e statutory filing requires	(optional) I days after filing.) Pr	ursuant to 605.0	207 (3)(b (as the
If the record (b) The 90th	specifies a delayed effe h day after the record is	ective date, but not a s filed.	in effective time, at	12:01 a.m. on	the earlie	r of:
Dated	MARCH 9	2018				
		· · · · · ·	11 16			

Page 3 of 3

Filing Fee: \$25.06