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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Sec Division of Cor			
SUBJ	ест: /22	alin & Thek Name of Lim	er Aviation L ited Liability Company	LC_
		Amendment and fee(s) are sub-		
Please	return all correspon	ndence concerning this matter	to the following:	
		Giera	Name of Person	<u>.</u>
			Firm/Company	
		1281	8 Madaria	Rd
		Vacksonsi	City/State and Zip Code	223
		G/Drain Address to	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	cation)
For fu	rther information co	oncerning this matter, please co	all:	
	10 rq 10 A	Person	at (<u>904)</u> <u>413</u> — Afea Code Daytime	3787 Telephone Number
Enclos	ed is a check for th	e following amount:		
5 52	5.00 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)
	MAIL	INC ADDDESS.	STR FFT/COLIR IS	ና ይ ል ስስ ያ ኖ ናና፦

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florida	Tucke ity Company a Limited Lia	as it now a	VIATO	ir records.)	<u>_</u> C
The Articles of Organization for this Limited Liability C Florida document number <u>L/80007489</u>		ere filed o	n Mar	ch 22,	2018 and assigned
This amendment is submitted to amend the following:	•				
A. If amending name, enter the new name of the lim	ited liabilit	y compai	ny here:		
The new name must be distinguishable and contain the words "Lim	nited Liability	Company,"	the designat	ion "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	<u></u>			
(Principal office address MUST BE A STREET ADDR	RESS)				- I
	-				—————————————————————————————————————
					Ŏ.
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE BOX)	-				
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered offic ress here:	e address	s on our	records, <u>en</u>	ter the name of the new
Name of New Registered Agent:					
New Registered Office Address:					
	the following: name of the limited liability company here: ain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L applicable: STREET ADDRESS) the and/or registered office address on our records, enter the name of ered office address here: Enter Florida street address				
			-	, Florida	
New Registered Agent's Signature, if changing Registered	d Agent:	City			Zip Code
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree i omplete pei gent as pro	rformance vided for	e of my du in Chapte.	ties, and I a. r 605. F.S. (m familiar with and Or. if this document is
	If Changin	g Registere	d Agent, <u>Sig</u>	nature 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>Address</u> Type of Action <u>Title</u> <u>Name</u> Wells Capital Land, LLC 12276 San Jose Blud Add
Switz 721
Vacksonville, FL 32223 - Rem _ Change _□ Add ☐ Remove ☐ Change _ Add _□ Remove _□ Change ☐ Remove _□ Change ☐ Add ☐ Remove □ Change ☐ Add ☐ Remove

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iote:	ive date, if other than the date of filing: March 26,2018 (optional) fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.	7 (3 s th
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	f:
ated	March 26 . 2018	
	Signature of a member or authorized representative of a member	
	·	

Page 3 of 3

Filing Fee: \$25.00

PAY TO THE ORDER OF add new manager Florida Department of State WELLS CAPITAL LAND, LLC. 12276 SAN JOSE BLVD., STE, 721 JACKSONVILLE, FL 32223 Florida Department of State TORIGIMAU QOĞUNENDERINTEDIOMERIBADINDE BAYCITVE DARBANMININDE ROPRINTEDIOOFIC 63-8481/2631 AXIOM BANK (A) **25.00 3/28/2018 1060 DOLLARS ⅎ

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