

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registra Division	ation Sectio 1 of Corpor	n ations			
and them		Landing 1000 LL	С		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Art	icles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return all c	corresponde	nce concerning this matter	to the following:		
			John Hyland		
		Lar	Name of Person		-
Firm/Company				_	
947 Johnstown Rd Apt 214					
			Address Gahanna, Ohio 43230		_
	-	<u> </u>			_
		abs	City/State and Zip Code soluteforcejohn@gmail.c	com	
		E-mail address: (to be used for future annual r	report notification)	5.0 2
For further inforn	nation conce	erning this matter, please ca	all:		SECOND A
John Hyland			434 at ()	485-9855	AUG 30
	Name of Per	son	Area Code	Daytime Telephone Numbe	
Enclosed is a che	ek for the fo	llowing amount:			9 K 8
S25.00 Filing	g Fee C	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certific osed) Certified	ate of Status &

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

Landing 1000 LL			
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our recor Company)	<u>K.</u>)	
The Articles of Organization for this Limited Liability Company were five Florida document number L18000084556	led on04/03/	2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC	?" or the abbrevia	ntion "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 acregistered agent and/or the new registered office address here:	ldress on our record	s, enter the	name of the new
Name of New Registered Agent:		A.	22
New Registered Office Address:		2) 2) 2 Er 1 	
	Enter Florida street addre.	w SSE	30
		lorida <u>Car</u>	n Colle
New Registered Agent's Signature, if changing Registered Agent:		.0810 .0810	3. T
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perfor- accept the obligations of my position as registered agent as provide	nance of my duties, a	nd Lam famil	o comply with the iar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
AMBR	Aloha GB Dynasty Trust Kamaljit S. Gill as Trustee	11302 Queensbury Avenue, Bakersfield, CA 93312	 = Add
			□ Remove
			□ Change
			
			□ Remove
			Change
		 	
			□ Remove
			Change
			Added Company
			SSE 30 F
		<u></u> ,	Address Company of the company of th
			☐ Remove
			Change
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			☐ Change

D. If amending	g any other information, en	ter change(s) here:	(Attach additiona	l sheets, if necessa	ry.)	
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					15 cm	Letzane, 2
					700 710 7110 08	
(If an effective Note: If the	ate, if other than the date of date is listed, the date must be speci date inserted in this block does effective date on the Departmen	ific and cannot be prior to s not meet the applicab	date of filing or more		g.) Pursuant to 605	
	specifies a delayed effect n day after the record is f		an effective tim	e, at 12:01 a.m.	on the earli	er of:
Dated	August 24	2018				
	John Hylen	e of a member or authori	zed representative of	i member		
	<i>V</i>		awa representative of t	· Maritimet		
		Hyland Typed or printed	name of signee		<u>-</u> .	

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Filing Fee: \$25.00