118000099740

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SECRETARY OF STATES OF OTVISION OF CHRECKATION

N COOPER JUL 10 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RAVEN A ERIAL SERVICES 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:
hristophel Brito Name of Person
LAVEN AFRIAL SERVICES, LLC Firm/Company
9020 Bellhurst Way STE 104-1005
West Palm Beach FL 33411-3617 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 395-9182 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 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

KAVEN AERIAL	- SERVICES LLC
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 1800099740</u>	Company were filed on $04/20/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
-	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	DEGG!
(Principal office address MUST BE A STREET ADDR	<u>Æ39)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u>> 25 20 20 20 20 20 20 20 20 20 20 20 20 20 </u>
muning agaress may be a rost of rice boar	<u> </u>
	3 0 ± 5
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Nove Degistered Agentle Signature if shoreing Degisteres	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

Title	<u>Name</u>	Address	Type of Action
MGR	Christina Brito	1895 NW 15TH ST	Add
		1895 NW 15TH ST Miami, FL 33125	Remove
			Change
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		· · · · · · · · · · · · · · · · · · ·	Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to the Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	to date of filing or more than 90 days after filing.) Pursuant to 605.0	
ne record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier	er of
Dated JUNE 28 TH , 2018 Signature of a member or author	rized representative of a member	
Chaistopher A Brit	·	

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Filing Fee: \$25.00