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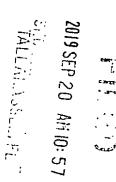
(Re	questor's Name)	
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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
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#### **COVER LETTER**

**	istration Sect ision of Corpo			
erib ruzwi.	R	&N PILOT	SERVICES 220	
SUBJECT.		Name of Lir	nited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return	all correspond	dence concerning this matte	r to the following:	
		Nich	Day15	
			Name of Person	
		R&1	J PILOT SERVICE	s uc
			Firm/Company	
		3630 HA	AMMOCK RD ME	Š
			Address	
		MIMS	FL 32754	
		Deavi address	City/State and Zip Code 5. Trans Arthur 2 9 months to be used for future annual report notion	Viction)
e catal	<i>(</i> *			
For turther in	normation cor	neerning this matter, please		
	NICH	Davis	at ( <u>\$21</u>	6.425
·-	Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
<b>≿</b> \$25.00 F	iling 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)

### 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 ORGANIZATION OF

R&N Pilot Servi	ces LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on <u></u>	<del>\</del> \(\(\right)\(\rignt)\(\right)\(\right)\(\right)\(\right)\(\right)\(\right)\(\righ	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company h	ere:	
Davis Pilot Services	LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the c	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3630	Hammock rd 32754	MIMS
(Principal office address MUST BE A STREET ADDRESS)	FL	32754	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	J.	2019 8
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		our records, enter	<b>₹</b> 100
	CK Day		10: 57
New Registered Office Address: 3630	Hammoch	rd	
	Enter Flo	rida street address	_
<u></u>	iMs	, Florida	32 754
	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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address		Type of Action
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Filing Fee: \$25.00