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COVER LETTER

SUBJECT: SOUTHWEST FLORIDA AERIAL PRODUCTIONS, LAC 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:
BRIAN Paul PRITT Name of Person
South Florida AERIAL PRODUCTIONS, LLC Firm/Company
24540 HARBORVIEW Rd #A-4
PUNTA GORDA FL 33980 City/State and Zip Code
BPRITT @ South Flozid A AERIA PRODUCTIONS, COM- E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of reison Atea Code Daysine Telephone (value)
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266i Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southwest Florida Aerial Productions, Lice
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Flor	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\angle 18000/26/6$	Company were filed on $05/21/2018$ and assigned 06	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line of	imited liability company here: AERIAL PRODUCTIONS, LLC .imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET AD.	DRESS)	_
registered agent and/or the new registered office a Name of New Registered Agent:	gistered office address on our records, enter the name of the	new
New Registered Office Address:	Enter Florida street address	
	City Zap Could C	F-may.
New Registered Agent's Signature, if changing Register	ered Agent:	
provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge.	

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 Type of Action Address <u>Title</u> **Name** □ Add _□ Remove _ Change _□ Add _□ Remove _ Change _□ Add _□ Change _□ Add Renggye SEP Change --- Ó Addæ Renewe _D Change _□ Add ☐ Remove _____ Change

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an effective date is li Sote: If the date in	other than the date isted, the date must be sp ascreed in this block do we date on the Departr	ecific and cannot oes not meet the	be prior to date of applicable sta			g.) Pursuant to 605	
e record specif	ies a delayed effe after the record i		out not an e	ffective time,	at 12:01 a.m	on the earli	er d
The 90th day	23/18		— ·				
The 90th day	23/18 BR	DOX -	·				
The 90th day	Signa	iture of a member	or authorized re	epresentative of a n	ember		

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Filing Fee: \$25.00