

LIB 000 145 570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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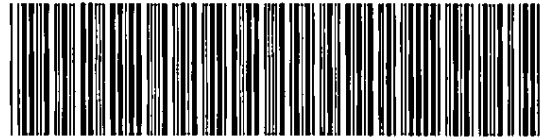
(Business Entity Name)

(Document Number)

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2019 JAN -2 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUA FLIGHT LLC

Name of Limited Liability Company

2018 JAN -2 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATE DEZAMITS

Name of Person

BEST BOATERS LLC

Firm/Company

101 N RIVERSIDE DR STE 107

Address

POMPANO BEACH, FL, 33062

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHTON G LAURITZEN

Name of Person

at

Area Code

Daytime Telephone Number

354 789 1460

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

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

2019 JAN -2 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L18000145570

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____. Florida _____
City Zip Code

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ASHTON G LAURITZEN	4742 GRAPEVINE WAY DAVIE, FL 33331	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ANTHONY J BURG	6200 GAUNTLET HALL LANE DAVIE, FL 33331	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Mate Dezamits	1210 N Riverside Dr Apt 204, Pompano Beach, FL, 33062	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ildiko Toth	3405 Norfolk St Apt 4, Pompano Beach, FL, 33062	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/17/2018

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Ashton Lauritzen

Typed or printed name of signee