

L18 000205681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

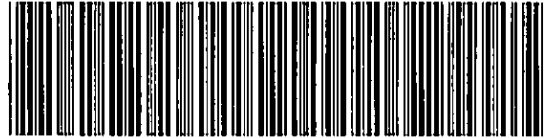
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2019

ROSA VILLAR  
2100 NW 129TH AVE  
MIAMI, FL 33182

SUBJECT: KALITTA AIR CHARTERS COMPANY LIMITED LIABILITY  
COMPANY  
Ref. Number: L18000205681

We have received your document for KALITTA AIR CHARTERS COMPANY LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 is missing from the document. Please find enclosed, the missing page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 619A00021957

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KALITA Air Charters Company Limited Liability  
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:

Rosa Villae  
Name of Person

Kalita Air Charters Company LLC  
Firm/Company

2100 NW 129th Ave  
Address

Miami, Florida 33182  
City/State and Zip Code

Rosa.V1955@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosa Villae at (754) 260-8295  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

1

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1800020568

N/A

N/A

N/A

N/A

Zip Code

N/A

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	Rosa Villar C	2100 NW 129 <sup>th</sup> Ave	<input type="checkbox"/> Add
		Miami, Florida 33182	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Rosa Villar	2100 NW 129 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		MIAMI, Florida 33182	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I would like the initial "C" Removed  
from my name as it appears on  
Sunbiz at this current time

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Rosa Villar

Typed or printed name of signee