# 118000211575

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R. WHITE

#### **COVER LETTER**

Divis	sion of Corp	oorations	•		
SUBJECT:	RBK AV	IATION SERVICES LLC			
		Name of Lim	ited Liability Company	-	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return a	all correspor	ndence concerning this matter	to the following:		
		WILLIAM RUNDELL			
			Name of Person		
			.17		
Firm/Company					
		1534 NW 182 AVE			
			Address		
		PEMBROKE PINES, FLO	DRIDA 33029		
		CAPTRICK@ME.COM	City/State and Zip Code		
			to be used for future annual report notifi	ication)	
For further in	formation co	oncerning this matter, please ca			
WILLIAM R	UNDELL		954 663-9951 at ( )		
	Name of	Person	at ()	Telephone Number	
Enclosed is a	check for th	e following amount:			
\$25.00 Fi		_	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
		\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section

TO:

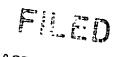
Registration Section

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



## ARTICLES OF ORGANIZATION FEB 25 PM 3: 28

**RBK AVIATION SERVICES LLC** 

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

The Articles of Organization for this Limited Liability Company were filed on SE Florida document number L18000211575	PTEMBER 5, 2018 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
RBK SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new
registered agent and/or the new registered office address here:  Name of New Registered Agent:	
Name of New Registered Office Address:  New Registered Office Address:	i la alemata delle inc
Name of New Registered Agent:  New Registered Office Address:  Enter Flori	rida street address
Name of New Registered Agent:  New Registered Office Address:  Enter Flori	
Name of New Registered Agent:  New Registered Office Address:  Enter Flori	rida street address, Florida Zip Code

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
			Change
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(If an ef Note:	tive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies $90$ th day after the record is filed.
Dated	FEBURARY 21, 2019
	WILL (11.0 St

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Filing Fee: \$25.00