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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Littly Name)
(Document Number)
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2022 MAR 18 AM 7: 19 SECRETARY OF STATE

A. BUTLER APR 0 4 2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Sess	y Laches Enail Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Albania	Name of Person	
		Firm/Company	
	8062 Red	Jaspec Ln P	pt. 201
	Delta	Gity/State and Zip Code	16
	Sassifache E-majl address: (Sandhows agmot to be used for future annual report noti	dil.com fication)
For further information c	oncerning this matter, please ca	all:	
Albanic Name o	Person Person	at (954) 224-9 Area Code Daytim	D X \\ Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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STATE FL and assigned
7: 19

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 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>	Address	Type of Action
		****	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
 -			□Add
			□Remove
			□ Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ive date, if other than the date of filing: 03 c9) (optional) fective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the recordis fi	rd 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 led.
Dated	march 9 2022.
	Signature of a member of authorized representative of a member
	Albaria Rodriguez

T'''' 15 055 00