L19000023037

(Requestor's Name)	
(Address)	60035569
(Address)	0000000
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	11/20/200103
Certified Copies Certificates of Status 2 /5 7	
Special Instructions to Filing Officer:	
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Office Hea Only	



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January 20, 2021

DARRYL T. JOHNSON II J & J AERIAL SERVICES LLC 923 NEWLAKE DRIVE BOYNTON BEACH, FL 33426

SUBJECT: J&J AERIAL SERVICES LLC

Ref. Number: L19000023037

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P17000077816-DANDY ENTERPRISES INC.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 221A00001259

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		•
SUBJECT: 5-	+ J herial Sur	N. co	,
SUBJECT:	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:	
	Darry)	Name of Person	
	2+ 2	Firm/Company	
	923 Nawla	Address	
		City/State and Zip Code	
For further information c	oncerning this matter, please ca	•	,
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 S Division of C	Section corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632	\mathcal{I}	The Centre of	Lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J4 J Ler	ul Sirvius LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 11221 2014 and assigned	
Florida document number <u>L190600 230 37</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Danty Kongrisos Ll	ted Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."	χαελ
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	كل
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDR		_
	——————————————————————————————————————	_
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		_
		_
	5	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registe	<u>ered</u>
Name of New Registered Agent:		_
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	_
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
<u></u>			□Add
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(If an effe Note:	we date, if other than the date of filing:
	I 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 ed.
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ord is file	ed.