# L19000105366

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MAY 13 2019 S. YOUNG

# **COVER LETTER**

TO: Registratio Division of	n Section Corporations
	FAVIATION, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Andrew L. Mann, Esq.
	Name of Person
	Mann & Wolf, LLP
	Firm/Company
	7800 W. Oakland Park Blvd., Suite B-104
	Address
	Sunrise, FL 33351
	City/State and Zip Code
	andrew@mannwolf.com
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Andrew L. Mann, E	sq. 954 572-9944  at ()  me of Person Area Code Daytime Telephone Number
Na	me of Person
Enclosed is a check t	for the following amount:
\$25.00 Filing Fe	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 4/17/2019  Florida document number L19000105366  This amendment is submitted to amend the following:	and assigned
Florida document number L19000105366	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19
(Principal office address MUST BE A STREET ADDRESS) SUITE 103	<u></u>
JACKSON, WY 83001	<u> </u>
	THE POINT
Enter new mailing address, if applicable:  PO BOX 14250	-: 2 0
(Mailing address MAY BE A POST OFFICE BOX)  JACKSON, WY 83002	<u></u>

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 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 AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Kevin Doyle	4100 N. POWERLINE ROAD, SUITE Q1	□ Add
		POMPANO BEACH, FL 33073	Remove
			Change
			Add
			☐ Remove
			☐ Change
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Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prio does not meet the appli	cable statutory filing requ	(optional) an 90 days after filing.) Pursuan airements, this date will not	it to 605.0207 (3 be listed as th
he record specifies a delayed e The 90th day after the record		ot an effective time,	at 12:01 a.m. on the	earlier of:
Dated April 29	2019			
<u> </u>		<u> </u>		
	100-	norized representative of a n		

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Typed or printed name of signee

Filing Fee: \$25.00