119000 136842

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800336771158

11/18/19--01032--001 **53.50

ZOUR DEC 27 PM 4: 44
SECRE DAY OF SEAR

Amend

JAN 0 6 2020

I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Add Value Air, LLC Name of Limited Liability Company
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:
Kevin Herring Name of Person
Add Value Air LLC Firm/Company
PO BOX 150395 Address
Cape Coral FL 33915 City/State and Zip Code paracoincfl@gmail.com E-mail address: (to be 1884 for future annual report notification)
paracoincflegmail.com E-mail address: (to be 184d for future annual report notification)
For further information concerning this matter, please call:
Kevin Herring at (239) 321-1790 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Status Service Solution Status Solu
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303



December 16, 2019

KEVIN HERRING P.O. BOX 150395 CAPE CORAL, FL 33915

SUBJECT: ADD VALUE AIR, LLC Ref. Number: L19000136842

We have received your document for ADD VALUE AIR, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Letter Number: 619A00025547

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Add Value Air L (Name of the Limited Liability (A Florida	V Company as it now appears on	our records.)
	_	
The Articles of Organization for this Limited Liability Co	ompany were filed on Na	1 21, 2019 and assigned
Florida document number L 19000136842	<u>_</u> ·	•
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		WHOEC 27
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name ogne-new-registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	reet 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MM	Add Value Development, uc	PO BOX 150395	□Add
		Cape Coral, FL 33915	 B Remove
		·	□Change
MM	Kevin ! Herring Jr.	PO BOX 150395	∌ Add
	V	PO BOX 150395 Cape Coral Fl 33915	Remove
			[] Change
			DbbA
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			DbbA
			□Remove
		 	□Change
			□Add
			□Remove
			Charter .

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
-	
	
	······································
If an effecti Note: If	date, if other than the date of filing:
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 23 . 2019
	Signature of a member or authorized representative of a member
	Keyin P. Herring Jr. of Add Value Development, UC Typed of printed name of signee

Filing Fee: \$25.00