L19000 173 762

(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



900332771139

08/05/19--01011--020 **25.00

SECRETARY OF STATE.
TALL AHASSEE, FLORIDA

WE 12 17 SCHROEDER

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	T: Execut	ive Jet Services, LLC		
		Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		Scott C Burgess		
			Name of Person	
		Aviation Legal Gro	oup, P.A.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
5525 NW 15th Avenue, Suite 301A				
			Address	
		Fort Lauderdale, Fl	. 33309	
			City/State and Zip Code	
		allisons@aviationlega		
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please co	all:	
	Allison Sass		at (954) 763-5565	
	Name of	Person		e Telephone Number
Enclosed	is a check for th	e following amount:		
图 \$25.0	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)
	Registra	NG ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corporation	n

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Executive Jet Services, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Company Florida document numberL19000173762 This amendment is submitted to amend the following:	were filed on July 3, 2019	and assigned
	ility company here:	
<u> </u>		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2011 South Perimeter Road	IAL SE
(Principal office address MUST BE A STREET ADDRESS)	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) A Florida Limited Liability Company) A Florida Limited Liability Company L19000173762 Indicate the new name of the limited liability company here: Indicate the new name of the limited liability company here: Indicate the new name of the limited liability Company. The designation "LLC" or the abbreviation "LLC" Indicate address, if applicable: Indicate address, if applicable: Indicate address MUST BE A STREET ADDRESS) Indicate address MUST BE A STREET ADDRESS) Indicate address if applicable: Indicate address if applicable: Indicate address if applicable: Indicate address MAY BE A POST OFFICE BOX) Indicate address on our records, enter the name of the new address here: Name of New Registered Agent: New Registered Office Address: Indicate address in this capacity. I further agree to comply with this of all statutes relative to the proper and complete performance of my daties, and I am familiar with and we obligations of my position as registered agent as provided for in Chapter 605. F.S. Or. If this documen is add to merely reflect a change in the registered address. Thereby confirm that the limited liability Indicate the subdigations of my position as registered agent as provided for in Chapter 605. F.S. Or. If this documen is add to merely reflect a change in the registered agent as Provided for in Chapter 605. F.S. Or. If this documen is add to merely reflect a change in the registered address. Thereby confirm that the limited liability is additional and the proper and complete performance of my daties, and I am familiar with and the obligations of my position as registered agent as Provided for in Chapter 605. F.S. Or. If this documen is additional indicates and the proper and complete performance of my chapter and the indicate address. Thereby confirm that the limited liability is additional and the proper and complete performance of my daties.	
	Fort Lauderdale, Florida 3330	(1) 2 (1)
	2011 South Perimeter Road	ाद 连 📆
[Mailing address MAT BE A POST OFFICE BOX]	Fort Lauderdale, Florida 3330	, DM
Name of New Registered Agent:		s, enter the name of the no
		xx
	. F	orida
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
If Chai	nging Registered Agent, <u>Signature</u>	of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addor removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Scott C Burgess	5525 NW 15th Avenue, Suite 301A	🗆 Add
		Fort Lauderdale, FL 33309	☑ Remove
			Change
MGR	Michael J Garrihy	2011 South Perimeter Road	⊠ Add
		Unit 50N	□ Remove
		Fort Laudedale, FL 33309	19 SE 19
			Change
			Tie 🚬 🔟
			RAS == BC
			□ Add
			Remove
			Change
			🗆 Add
			☐ Remove
			Change
			Remove
			Change

		_
		_
		_
		-
		_
		_
		_
		_
		_
		_
	75.00	-
	19 19 1	
	AUG AHA AHA	777
	S	=
		111
	7 LOS TA	
	102	
Effective date, if other than the date of filing:	(optional))
Note: If the date inserted in this block does not meet the applicable statutory filin		
document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	time, at 12:01 a.m. on the earl	ier of
Dated		
Albert La o.		
Signature of a member or authorized representative	e of a member	

Page 3 of 3

Filing Fee: \$25.00