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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 _ :	3	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTERLINE AIR, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTERLINE AIR, LLC			_
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		_
The Articles of Organization for this Limited Liability Company Florida document number L19000180828	were filed on 07/24/2019	and :	assigned
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	llity company here:		
he 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:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		 تز	
s. If amending the registered agent and/or registered office a	address on our records, <u>enter the na</u>		
gent and/or the new registered office address here:			¥.
Name of New Registered Agent:			<u>.</u> :
New Registered Office Address:		-	E C
	Enter Florida street address		<u>, </u>
	, Florida _	Zip Co	

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>	Address	Type of Action
MGR	Michael Dooley	5755 POWERLINE ROAD	= Add
		FORT LAUDERDALE, FL 33309	□Remove
			□Change
			🗆 Add
			□Remove
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Effective date, if other (If an effective date is listed, to Note: If the date inserted document's effective date	i in this block does	s not meet the appl	icable statutory filir	(optionore than 90 days after ag requirements, this	nal) filing.) Pursuant to 605.0207 date will not be listed as
he record specifies a delæy ord is filed.	ed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated May 10		2023	·		
1	D .				
1 22					
- G 2	Signatur	re of a member or au	thorized representative	e of a member	

Filing Fee: \$25.00