



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FMV AVIATION LLC  
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:

GEORGE KALEMERIS  
Name of Person

FMV AVIATION, LLC  
Firm/Company

73 W. NEWOOD CT 33919  
Address

FORT MYERS, FLORIDA 33919  
City/State and Zip Code

G.KALEMERIS@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE KALEMERIS at (239) 565-3004  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

IMJ AVIATION, LLC

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 8/28/2011 and the  
Filing Document number 219000213409

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Do not use the word "and" only the words "Limited Liability Company," the testator, "LLC," or "limited liability company."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

FILED  
2024 DEC 10 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

If amending Authorized Persons, authorized to manage, enter the title, name and address of each person being added or removed from our records.

MGR - Manager  
AMBR - Authorized Member

Type	Name	Address	Type of Action
AMBR	JEDY GROPEK	9231 PINEBROOK BLVD X. PORT WILMINGTON 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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