## 19000292185

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (6.1), 2.2.0.2.                         |
| PICK-UP WAIT MAIL                       |
| /Duninger Fetty News                    |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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Office Use Only



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Amend

DEC 1 9 2019 I ALBRITTON

## **COVER LETTER**

| TO: Registration Section Division of Corpora |  |                  |
|--|--|------------------|
| SUBJECT: Fly                                 | 98 Guide Service LLC Name of Limited Liability Company   |                  |
|  | Name of Limited Liability Company  |                  |
| The enclosed Articles of Ame                 | endment and fee(s) are submitted for filing.   |                  |
| Please return all corresponder               | nce concerning this matter to the following:   |                  |
| -  | Sustin Walleiser<br>Name of Person   |                  |
|  | Firm/Company   |                  |
| -  | 1203 Collabora St. Address   |                  |
| -  | Tallaharsee, FL 32307 City/State and Zip Code  |                  |
| _  | Wallheis et @ comeart: net  E-mail address: (to be used for future annual report notification)   |                  |
| For further information conce                | erning this matter, please call:   |                  |
| Sustin Wa<br>Name of Pers                    | son at (SCO) 973-2343 Area Code Daytime Telephone Number   |                  |
| Enclosed is a check for the fo               | llowing amount:  |                  |
| ■ \$25.00 Filing Fee                         | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy | f Status &<br>Dy |
| Mailing Address:<br>Registration Sect        | Street Address: ion 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Fly 98 Gude Service  | e LLC   |  |
|--|---|--|
| (Name of the Limited Liabil<br>(A Florid   | lity Company as it now appears on our records.<br>Ia Limited Liability Company) | ,1   |
| The Articles of Organization for this Limited Liability (  | Company were filed on $\frac{1}{26/19}$   | and assigned   |
| Florida document number <u>L19000 292187</u>   |   |  |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the lim   | nited liability company here:   |  |
| The new name must be distinguishable and contain the words "Lir  | mited Liability Company," the designation "LLC"                                 | or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  |   | <del></del>  |
| (Principal office address MUST BE A STREET ADD.  | RESS)   | <u> </u>   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere agent and/or the new registered office address here: |   | TALLANDER 19 PROPERTY |
| Name of New Registered Agent:  |   | _  |
| New Registered Office Address:   | Enter Florida street address  |  |
|  | , Flor  |  |
|  | 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 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 Type of Action Title Address <u>Name</u> 1203 (orlaway St. Exid Sustin Wallhuser AMBR MGR Lacey Wallheiser 1203 Corracy St Remove \_\_\_\_ □Change \_\_\_\_\_\_ □Remove \_\_\_\_\_ 🗀 Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change 

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| lfan eft<br><u>Note:</u> | ive date, if other than the date of filing:  |
| e recor<br>rd is fi      | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.      |
| Dated                    | December 19 . 2019  Signature of a member or authorized representative of a member  Sustin Wallherser  Typed or printed name of signee |
|                          | 12 Waller  |
|                          | Signature of a member or authorized representative of a member   |
|                          |  |

Filing Fee: \$25.00