

L20 000 003726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

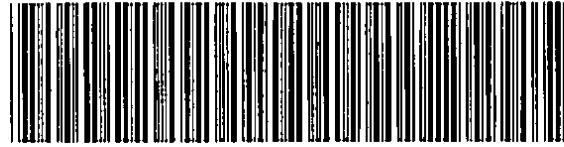
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amelia Airways 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:

• Martha Luz Suarez  
Name of Person

• MLS Business Solutions LLC  
Firm Company

7449 Poindard CT  
Address

Lakeworth, FL 33463  
City/State and Zip Code

marthas@mlsbusinesssolutions.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Luz Suarez at 561 5094081  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

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enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Amelia Airways LLC

The Articles of Organization for this Limited Liability Company were filed on 12/22/2019 and assigned Florida document number L20000003726

**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>	<u>Address</u>	<u>Type of Action</u>
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MGR	Luis A Rodriguez	7449 Pochard Ct	<input type="checkbox"/> Add
		Lakeworth, FL 33463	<input checked="" type="checkbox"/> Remove

			<input type="checkbox"/> Change
MGR	The Luis Alejandro Rodriguez Living Trust	7449 Pochard Ct	<input checked="" type="checkbox"/> Add
		Lakeworth, FL 33463	<input type="checkbox"/> Remove

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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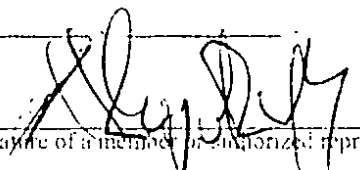
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

the record 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 record is filed.

Dated 9/7/22

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Alejandro Rodriguez  
\_\_\_\_\_  
Typed or printed name of signer