L20000100433

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| , , |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entity Name) |
| (Day and Marchae) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Cor | | | | | |
|--|--|---|--|--|--|
| | I MULTISERVICES LLC | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | ABDIAS AUGUSTIN | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 1302 CREST DR | | | | |
| | | Address | | | |
| | LAKE WORTH, FL 33461 | I | | | |
| | | City/State and Zip Code | . | | |
| | FLYAWAYSERVICESLLO | C@GMAIL.COM to be used for future annual report notific | nation | | |
| For further information o | roncerning this matter, please ca | | atton | | |
| | oncerning this matter, preuse et | | | | |
| ABDIAS AUGUSTIN | | 561 5417783 at () | Telephone Number | | |
| Name o | of Person | Area Code Daytime ' | Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ S25.00 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 | | <u>Street Address:</u> Registration Sect | 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

| PRO-TECH MULTISERVICES LLC | | |
|--|--|------------------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 03/12/2020 | and assigned |
| Florida document number 1.20000100433 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| FLY AWAY SERVICES LLC | | |
| he new name must be distinguishable and contain the words "Limited Lia | ibility Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | 2023 AUG - |
| Mailing address MAY BE A POST OFFICE BOX) | | SET BUT |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, <u>enter th</u> | |
| Name of New Registered Agent: | | · |
| New Registered Office Address: | Enter Florida street address | |
| | . Flor | ida |
| <u>. </u> | 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

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| ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department. | specific and cannot does not meet the | e applicable stat | filing or more than utory filing requir | (optional) 90 days after filing.) Perments, this date w | ursuant to 605.0207 |
| record specifies a delayed effective da l is filed. | ite, but not an effe | ective time, at 1 | 2:01 a.m. on the e | arlier of: (b) The ! | 90th day after the |
| ated | 202 | 3 | | | |
| ateu | | · | | | |
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| | nature of a member | | | | |

Filing Fee: \$25.00

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 |
|--------------|-------------|---------|----------------|
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