## L20000 255820

(Req	uestor's Name)	
DbA)	ress)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer;	
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2020 OCT 27 PH 2: 50

12/5/20

## COVER LETTER

Registration Section

**Division of Corporations** 

TO:

FLIGHT ANSWERS LLC SUBJECT: 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: LUIS A ALCALA Name of Person Firm/Company Address 7655 GRANADA BLVD. MIRAMAR, FL. 33023 City/State and Zip Code SERMARTI04@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 716-5361 LUIS A ALCALA Daytir ie Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Callahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, F.1. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLIGHT ANSWERS LLC

(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)		
The Articles of Organization for this Limited Liability	y Company were filed on 08/19/2020	and assigned	
Florida document number L20000255820  This amendment is submitted to amend the following	<del></del> .	<b>2020</b>	
A. If amending name, enter the new name of the l	imited liability company here:	F1L1 2020 OCT 27	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L."	
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET AD	DRESS)	50	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered and/or the new registered office address her  Name of New Registered Agent:	ered office address on our records, enter th		
New Registered Office Address:	Enter Florida street address	ddress	
	, Flori	da	
	City	Zip Code	
New Registered Agent's Signature, if changing Regist	·		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, and I agent as provided for in Chapter 605, F., ered office address, I hereby confirm that	I am familiar with and S. Or, if this document is	
	If Changing Registered Age it, Signature of N	iew 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>	Type of Action
MGR	JOSE C PEREZ	7655 GRANADA BLVD.	■Add
		MIRAMAR, FL. 33023	□Remove
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ective date, if other than effective date is listed, the date	the date of filir	ng:			_ (optional	)
e: If the date inserted in thi	s block does not	meet the appli	icable statutory	g or more than 90 d - filing requireme	ays after filing ints, this date	g.) Pursuant to 605.0 c will not be listed
ument's effective date on th	e Department of	State's record	8.			
cord specifies a delayed effe	ctive date: hut no	n an effective	time_at 12:01 :	a mi on the earlic	erof: (b) T	he 90th day after t
s filed.					,	· · · · · · · · · ·
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				tative of a member		