

L20000335070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

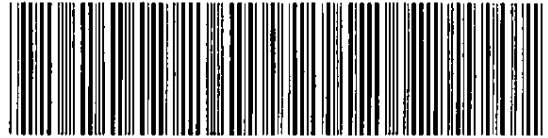
(Business Entity Name)

(Document Number)

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07/28/23--01021--027 **25.00

2023 JUL 28 AM 10:00
FILE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISO 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:

Nicholas V. Pulignano, Jr.

Name of Person

Marks Gray, P.A.

Firm/Company

1200 Riverplace Blvd., Suite 800

Address

Jacksonville, FL 32207

City/State and Zip Code

nvp@marksgray.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas V. Pulignano, Jr.

904 807-2105
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

2023 APR 28 PM 10:00
FILE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ISO 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 October 30, 2020 and assigned
Florida document number L20000335070.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4599 Ortega Island Drive

Jacksonville, FL 32210

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4599 Ortega Island Drive

Jacksonville, FL 32210

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: Marks Gray, P.A.

New Registered Office Address: 1200 Riverplace Blvd., Suite 800

Enter Florida street address

Jacksonville, Florida 32207
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

NICHOLAS V. PULIGNANO, SR.
AS V.P. FOR MARKS GRAY, P.A.

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>
MGR	Gordon Terry	14875 Old St. Augustine Road, Suite 100	<input type="checkbox"/> Add
		Jacksonville, FL 32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Craig C. Walker	4599 Ortega Island Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32210	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. 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.

If 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 July 31, 2023

Signature of a member

Signature of a member or authorized representative of a member

Craig C. Walker

Typed or printed name of signer

Filing Fee: \$25.00

2023. 10. 26 6:10:00