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COVER LETTER

Registration Section TO: **Division of Corporations**

Emerald Executive Helicopters SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Sliker Name of Person Emerald Executive Helicopters Firm Company 226 Middleburg Dr Panama City Beach Address <u>Panama City Beach FL 32413</u> City/State and Zip Code <u>Scott @ emeraldexecutive helicopters.com</u> E-mail address: to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Sliker at (850) 830-1104 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Statistics S25.00 Filing Fee S30.00 Filing Fee & □ S30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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

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ARTICLES O	FAMENDMENT
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ARTICLES OF	ORGANIZATION A CONTRACT OF A C
	OF 21 SEP 13 PM 3: 21
<u> Emeral C Executions</u> (Name of the Limited Liability Con	ive Helicopters npany as it now appears on our records.) ed Liability Company)
(A Florida Limit	ed Liability Company)
The Articles of Organization for this Limited Liability Compa	invivere filed on $11/9/2020$ and assigned
Plorida document number <u>L 2000353506</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:
the new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable:	_226_Middleburg Dr.
	Panama City Beach
(<u>Mailing address MAY BE A POST OFFICE BOX)</u>	FI 37404
B. If amending the registered agent and/or registered offic	ce address on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	Cott Gregory Sliker Middleburg Dr. Enter Florida street address
New Registered Office Address: 226 /	Modelleburg De
	Enter Florida street address
Panama	C: ty Beach Florida 324/3
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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

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21 SEP 13	PH J. C.
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<u>Title</u>	Name	Address	Type of Action
MGR	Dylan Horn	326 Winico Cir	🗆 Add
		326 Winico Cir Destin, FL 32541	Remove
			[] Change
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			🗇 Change

Acmove Dytan Horn	TITIE MGR21 SEFFECTIVE dates
<u></u>	
ate, if other than the date of filing:	(optional) for to date of filing or more than 90 days after filing.) Pursuant to

.'

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 Septenber 3rd Signature of a member of a member Mustafa C. Akkan Typed or printed name of signee

Filing Fee: \$25.00