## 120000353506

(Rec	questor's Name)	
(Adc	lress)	
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(City	/State/Zip/Phone	#)
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(Doc	cument Number)	
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T. MATTHEWS

NOV 1 2 2021

## **COVER LETTER**

## TO: Registration Section Division of Corporations

Emerald Executive Helicopters

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:

Scott Sliker

Name of Person

Emerald Executive Helicopters

Firm/Company

5118 Hickory St.

Address

Panama City, FL 32404

City/State and Zip Code

scott@emeraldexecutivehelicopters.com

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

For further information concerning this matter, please call:

 Scott Sliker
 850
 830-1104

 at (\_\_\_\_)

 Name of Person

 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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)

<u>Mailing Address:</u> 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

ART		MENDMENT	
ARTI	TC ICLES OF OI	) Rganization	
	OF		21 NCV -5 PH 2:48
Emerald Executive Helicopters			
( <u>Name of the Limit</u>	ed Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Li Florida document number L20000353506		vere filed on <u>11/9/2020</u>	and assigned
This amendment is submitted to amend the follo			
	-	· · · · · · · · · · · · · · · · · · ·	
A. If amending name, <u>enter the new name of</u>	the limited liabil	<u>uy company nere</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5325 Johnny Reaver Rd. Panama City, FL, 32409	
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		
Enter new mailing address, if applicable:		5325 Johnny Reavery R	d. Panama City FL, 32409
(Mailing address MAY BE A POST OFFICE )	<u>BOX)</u>	······	· _ · · ·
			<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office addres		ldress on our records.	enter the name of the new registered
Name of New Registered Agent:	Scott Gregory Sliker		
New Registered Office Address:	5325 Johnny Rea	ver Rd. Panama City, FL	32409
New Registered Office Address.		Enter Florida street	

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.

City

Panama City

If Changing Registered Agent: Signature of New Registered Agent

\_\_, Florida <u>32409</u> Zip Code If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager			21 HOV -5 PH 2: 48		
AMBR = A	uthorized Member		21 HOV -5 PH 2: 40		
<u>Title</u>	<u>Name</u>	Address		Type of Action	
				🗆 Add	
				🗆 Remove	
				🗆 Change	
				🗆 Add	
				🗆 Remove	
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D. If amending any other information, enter change(s) here: (Attach additional sheets: if necessary )

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.

Novembe Dated	er 2 2021
<u></u>	1 the hall
	Vall X XIMM
	Signature of a member or authorized representative of a member
Scott	G. Sliker