120000357960

| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT M | AIL |
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| (Business Entity Name) | |
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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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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2023

JOHN CARTER
AFTERNOON DELIGHT FLIGHTS, LLC
217 WHITCOMB DRIVE
GENEVA. FL 32732

SUBJECT: AFTERNOON DELIGHT FLIGHTS LLC

Ref. Number: L20000357960

We have received your document for AFTERNOON DELIGHT FLIGHTS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 823A00005514



COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: Afternoon | Delight Flights, LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this nutter | to the following: | |
| | John Carter | | —————————————————————————————————————— |
| | 20111 011101 | Name of Person | |
| | | | · · · · · |
| | Afternoon Delight Flights. | | |
| | | Firm/Company | AHIO: 22 |
| | 217 Whiteomb Drive | | 17 22 22 |
| | 217 WIIICOMD Drive | Address | |
| | | , | |
| | Geneva, FL 32732 | | |
| | | City/State and Zip Code | |
| | jchovernut@yahoo.com | | |
| | E-mail address: (| to be used for future annual report noti | lication) |
| For further information c | oncerning this matter, please c | all: | |
| John Carter | | at (407) 754-5327 | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | he 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) |
| Mailing Addres | | Street Address: | ation. |
| Registration Section | | Registration Se Division of Cor | |
| Division of Corporations P.O. Box 6327 | | The Centre of T | |
| Tallahassee, FL 32314 | | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Lia (A Flo | bility Compa rida Limited | ny as it now appears on our Liability Company) | records.) | | | | |
|---|------------------------------|---|-----------------|--------------|------------------|-----------|--|
| The Articles of Organization for this Limited Liability Company were filed on 11/12/2020 | | | 0 | and assigned | | | |
| Florida document number 1.20000357960 This amendment is submitted to amend the following: | | | | | 78H E292 | GEO.COSTO | |
| A. If amending name, <u>enter the new name of the l</u> | | | | : | <u>'</u> | | |
| The new name must be distinguishable and contain the words "I | Limited Liabi | lity Company," the designation | on "LLC" or the | abbreviáti | on zę .L. | C."] # # | |
| Enter new principal offices address, if applicable: | | 217 Whiteomb Drive | | 다. 그런 | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | Geneva, FL 32732 | | 1 | 22 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 217 Whitcomb Drive Geneva, FL 32732 | | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here. Name of New Registered Agent: John | | address on our records, | enter the na | ame of th | e new | register | |
| 715 | 217 Whiteomb Drive | | | | | | |
| New Registered Office Address: 21 | ······ | Enter Florida stree | t address | | | | |
| Ge | neva | | Florida | 32732 | | | |
| | | City | I lotiua | 121 | 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

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 |
|--------------|------------------|---------------------|---------------------------------------|
| AMBR | Sally Jo Bush | 21001 Reindeer Road | □Add |
| | | Christmas, FL 32709 | ≡ Remove |
| | | | □ Change |
| AMBR | Daniel C Shaw | 244 N. Jungle Road | □ Add |
| | | Geneva, FL 32732 | ■Remove |
| | | | ☐ ☐ Change |
| AMBR_ | Edwin P. Lemoine | 130 Whitcomb Drive | □Add |
| | | Geneva, FL 32732 | ≣Remove |
| | | | Change |
| | | | □Add |
| | | | ————————————————————————————————————— |
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| | | | □Change |

Typed or printed name of signee

John R Carter