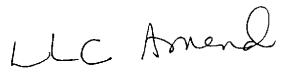
L20000365773

(Re	questor's Name)	
———(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COYER LETTER

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ann marr			,	•	
SUBJECT			ited Liability Company		
•	Division of Corporations FL Jet LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. the return all correspondence concerning this matter to the following: Ana Zayas Name of Person FL Jet, LLC Firm/Company 5237 SUMMERLIN COMMONS SUITE 400 Address FT MYERS, FL 33907 City/State and Zip Code legal@abarcahealth.com F-mail address: (to be used for future annual report notification) jurther information concerning this matter, please call: Zayas Name of Person Area Code Daytine Telephone Number seed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:				
The enclose	ed Articles of	Name of Limited Liability Company Inticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Ana Zayas Name of Person FL Jet, LLC Firm/Company 5237 SUMMERLIN COMMONS SUITE 400 Address FT MYERS, FL 33907 City/State and Zip Code legal@abarcahealth.com E-mail address: (to be used for future annual report notification) Intrinsicon concerning this matter, please call: 787 Area Code Daytime Telephone Number heck for the following amount: ng Fee S30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)			
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Ana Zayas			
			Name of Person		
		FL Jet, LLC			
			Firm/Company		
		5237 SUMMERLIN COM	IMONS SUITE 400		
			Address		
		FT MYERS, FL 33907			
			City/State and Zip Code		
		·			
		E-mail address: (to be used for future annual report notif	lication)	
For further	information c	oncerning this matter, please co	all:		
Ana Zayas					
	Name o	f Person		e Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	_		Street Address: Registration Sec	ction	
		Corporations	_	Division of Corporations	
P.	O. Box 632	7	The Centre of T		
Ta	aliahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION | LED OF

FL JET, LLC

2024 JUL 12 PM 12 43

(Name of the Limited Liabili (A Florida	lity Company da Limited Lia	as it now appear bility Company)	son our records.)	FINANCE
The Articles of Organization for this Limited Liability C Florida document number <u>L20000365773</u>	Company w			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liabili	ty company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	mited Liability	v Company," the de	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ldress on our re	ecords, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	ida street address	
		-	, Florida	
N. D. La J. A. M. S. L. S. D. Lau.		City		Zip Code
New Registered Agent's Signature, if changing Registere				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a	complete p	erformance of	my duties, and I a	ım familiar with and

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>	<u>Address</u>	Type of Action
MGR	Moises Gali	5237 SUMMERLIN COMMONS SUITE 400	□Add
		FT MYERS, FL 33907	≣Remove
			□Change
MGR	Adriana Ramirez	5237 SUMMERLIN COMMONS SUITE 400	≣ Add
		FT MYERS, FL 33907	□Remove
			□Change
MGR	Jason Borschow	5237 SUMMERLIN COMMONS SUITE 400	= Add
		FT MYERS, FL 33907	🗀 Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change

				
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fective date, if other than the an effective date is listed, the date mus	date of filing:		(optional)	40 5 03 05
in effective date is listed, the date mus ote: If the date inserted in this bl	st be specific and cannot be prior lock does not meet the applic	able statutory filing requi	90 days after filing.) Pursuant to rements, this date will not be	605.020 : listed as
ocument's effective date on the D				
		me, at 12:01 a.m. on the e	arlier of: (h) The 90th day	after the
	e date, but not an effective ti	,	article of the formal	
	e date, but not an effective ti			
is filed.			article of the sould and	
is filed.	2024		and on (o) The soul and	
is filed.	2024		and on (o) The soul way	
record specifies a delayed effective is filed. June 20 ated		Por		