

L 21 0000 75705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

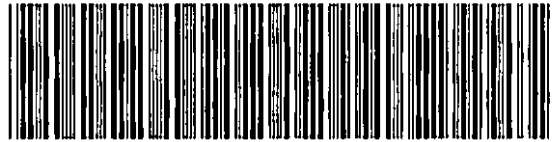
(Business Entity Name)

(Document Number)

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06/01/21--01024--006 **30.00

21 JUN -1 PM 3:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: King Bique Airways
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:

Michael Wilson
Name of Person

King Bique Airways
Firm/Company

P O Box 720961
Address

ORLANDO FL 32872
City/State and Zip Code

MIKE.WILSON.KBA@gnw.t.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Wilson at (860) 929-1586
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

21 JUN -1 PM 3:56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

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

ORLANDO FL 32812

Orlando FL 32872

Zip Code

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>	<u>Type of Action</u>
MGR	MICHAEL J. WILSON, JR	5462 LAKE MARGARET DRIVE	<input checked="" type="checkbox"/> Add
		# 1319	<input type="checkbox"/> Remove
		ORLANDO, FL 32812	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL LAMAR	5462 LAKE MARGARET DRIVE	<input type="checkbox"/> Add
		# 1319	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32812	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DARRIUS JOSEPH	5462 LAKE MARGARET DRIVE	<input type="checkbox"/> Add
		# 1319	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32812	<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.)*

21 JUN -1 PM 3:56

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 May 26, 2021.

Michael J Wilson Jr

Signature of a member or authorized representative of a member

MICHAEL J WILSON JR

Typed or printed name of signee