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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

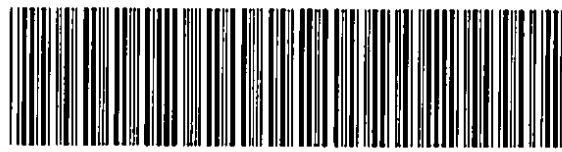
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24 NOV 22 PM 5:26
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HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNOWFLAKE AIR MAINTENANCE LLC

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:

JESUS E CAMPOS

Name of Person

SNOWFLAKE AIR MAINTENANCE LLC

Firm/Company

1237 SW WAMPLER AVE

Address

PORT SAINT LUCIE FL 34953

City/State and Zip Code

SNOWFLAKEAC@ATT.NET

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

For further information concerning this matter, please call:

JESUS E CAMPOS

Name of Person

561 253-5963

at () 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)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SNOWFLAKE AIR MAINTENANCE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03-08-2021 and assigned Florida document number 121000110624

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TEAM EXPERIENCE AC LLC

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

24 NOV 22 PM: 26
REC'D, FLORIDA
CORPORATION
COMMISSIONER

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Florida
City Zip 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: 05/25/2024 (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 25 / 2024

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Signature of a member or authorized representative of a member

JESUS E CAMPOS

Typed or printed name of signee

Filing Fee: \$25.00

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000110624

Entity Name: SNOWFLAKE AIR MAINTENANCE LLC

Current Principal Place of Business:

1237 SW WAMPLE AVE
PORTSAINT LUCIE, FL 34953

Current Mailing Address:

1237 SW WAMPLE AVE
PORTSAINT LUCIE, FL 34953 US

FEI Number: 86-3039324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPOS, JESUS E
1237 SW WAMPLER AVE
PORT SAINT LUCIE, FL 34953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JESUS E CAMPOS

11/10/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CAMPOS, JESUS E
Address 1237 SW WAMPLER AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESUS E CAMPOS

MANAGER

11/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date