Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

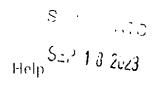
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

공문Fmail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHORELINE AIRPORT TRANSPORTATION LLC

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9/15/2023 10 20:01 PDF

Shoreline Airport Transportation LLC

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Companyl	
The Articles of Organization for this Limited Liability Company Florida document number L21000130376	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Elimited Liabi	Buy Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20160 Lagente Circle	20
(Principal office address MUST BE A STREET ADDRESS)	Venice, Florida 34293	
Enter new mailing address, if applicable:	20160 Lagente Circle	
(Mailing address MAY BE A POST OFFICE BOX)	Venice, Florida 34293	
the state of the s		ن
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registe
New Registered Office Address:		
	Enter Florida street uddress	
		ida
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p heing filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

9/15/2023 10:20:01 PDT

Tc⁻ 18506176383

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From Registered Agents Inc.

Fax: 8134365206

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Moran, William	20160 Lagente Circle	□Add
		Venice, Florida 34293	□Remove
			X Change
			Cladd
			□Remove
			□Change
			bbA□
			□Remove
			Fl Change
		-	(C) Add
			DRemove
			ClChange
			\square Add
			LIRemove
		• • • • • • • • • • • • • • • • • • •	C)Change
			□Add
			□Remove
			∰Change

From Registered Agents Inc.

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ffective date lif other than the c	date of filing:	(untional)
an effective date is listed, the date must ofe: If the date inserted in this bloocument's effective date on the De	ck does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02(le statutory filing requirements, this date will not be listed a
record specifies a delayed effective Lis filed	date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated September 15th	2023	
	Signature of a member or authori	
	Signature of Committee or melood	and convenientation of a member
:	signature of a memore of anatoric	ren representative of a member