

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002425843)))



H210002425843ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Emai	ı	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORPORATE AVIATION SERVICE HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corporate Aviation Service Holdings 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 05/24/2021 and assigned Florida document number L21000241518 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address . Florida 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	DAVIS, SHANE	7901 4TH ST N STE 300	□ Add
		ST. PETERSBURG, FL 33702	<b>⊠</b> Remove
			🗆 Change
<u>VP</u>	Michael Donovan	7901 4th St N STE 300	<b>⊠</b> Add
		St. Petersburg FL 33702	Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			☐ Remove
			Change
<del></del>			O Add
			Remove
			Change
			Add
			Remove
			Change
<del></del>			O Add
			Remove
			☐ Change

			<del></del>	
		<b>D</b>	~	
		SECRE)	7020 J	_
		SS VII	Z MUL	
		37 OF SEE. F	21 1	11
		STATE FLORID	PH IO:	
		_ <u></u>	- <del>0</del>	
			<del></del>	
(If an e <u>Note</u>	tive date, if other than the date of filing:  [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records.	g.) Pursuant t		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	. on the e	arlier	of:
Date	June 21 2021			
レンロル				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00