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#21 St. 27 All 6:5

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DeLand Avionics LL.C. 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:
Stephen Karlsen
Deland AUIONICS LLC Firm/Company
608. N. Mc Donald ave
DeLand /FL / 32724
DeLand /FL / 32724 Stephen @ Deland Avio Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Karlsen at 386 748-4328 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Solution Status Solution Status Solution Solutio

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**

DeLand A	vionics	29/15/25/Aii 6: 59
(Name of the Limited Liability (A Florida Li	Company as it now appears	on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L21606397973</u> .	npany were filed on	9/23/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our re	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	E-t- FI	In the set of the sec
	rnier riorio	la street address
	Cir.	, Florida Zin Code
	City	хір Сюае
New Registered Agent's Signature, if changing Registered A	Ngent:	

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

<u>Title</u>	Name	Address #21 St. 27 All 6: 59	
MGR	Stophen Karlsen	608 N-McDonald ave	_ 54 /Add
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Effectiv	ve date, if other than the date of filing: (optional) ctive 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 (
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docume	nt's effective date on the Department of State's records.
e record rd is file	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
10 15 1110	u.
D 4 1	9/23/2021,
Dated _	- 1 / CM / COC / ,
	Jan Land
	Signature of a member or authorized representative of a member
	Stephen Karlsen Typed or printed name of signee