

L21000463353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2023

PATTI BROWN  
AIRPORT ONE HOLDINGS, LLC  
12276 SAN JOSE BLVD. SUITE 120  
JACKSONVILLE, FL 32223 US

SUBJECT: AIRPORT ONE HOLDINGS LLC  
Ref. Number: L21000463353

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We have received your document for AIRPORT ONE HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

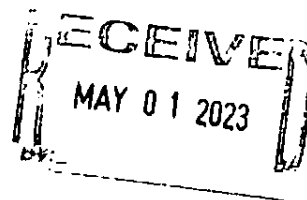
The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez  
Regulatory Specialist II

Letter Number: 723A00008501



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DIVISION OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Airport One Holdings, 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:

Patthi Brown  
Name of Person  
Airport One Holdings, LLC  
Firm/Company  
12276 San Jose Blvd. Suite 120  
Address  
Jacksonville, FL 32223  
City/State and Zip Code  
PBrown@myriversidehome.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Patthi Brown at (904) 503 7055  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Airport One 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 \_\_\_\_\_ and assigned  
Florida document number L21000463353.

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 \_\_\_\_\_  
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

| <u>Title</u> | <u>Name</u>                 | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|-----------------------------|-----------------------|--|
| AMBR         | MSA Family Partnership, LLC | 228 Clatterbridge Rd  | <input type="checkbox"/> Add               |
|              |                             | Ponte Vedra, FL 32081 | <input checked="" type="checkbox"/> Remove |
|              |                             |                       | <input type="checkbox"/> Change            |
| AMBR         | MSA Airport One, LLC        | 228 Clatterbridge Rd. | <input checked="" type="checkbox"/> Add    |
|              |                             | Ponte Vedra, FL 32081 | <input type="checkbox"/> Remove            |
|              |                             |                       | <input type="checkbox"/> Change            |
|              |                             |                       | <input type="checkbox"/> Add               |
|              |                             |                       | <input type="checkbox"/> Remove            |
|              |                             |                       | <input type="checkbox"/> Change            |
|              |                             |                       | <input type="checkbox"/> Add               |
|              |                             |                       | <input type="checkbox"/> Remove            |
|              |                             |                       | <input type="checkbox"/> Change            |
|              |                             |                       | <input type="checkbox"/> Add               |
|              |                             |                       | <input type="checkbox"/> Remove            |
|              |                             |                       | <input type="checkbox"/> Change            |


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STATE

This image shows a single page from a notebook or ledger. It features ten evenly spaced, thin black horizontal lines across its entire width. The background is plain white, and there are no margins, text, or other markings present.

(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)

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.

4/26 2023



Signature of a member or authorized representative of a member

Typed or printed name of signee

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U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
SAN JOSE

**Filing Fee: \$25.00**