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(Requestor's Name)
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PICK-UP WAIT MAIL
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A. BUTLER
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COVER LETTER

Div	ision of Corp	porations			
SUBJECT:	Elite Aviati	on Services LLC	•	•	
SUBJECT:	Name of Limited Liability Company				
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Bryant M Perdomo			
			Name of Person		
		Elite Aviation Services LL	.C		
			Firm/Company		
		6283 Allen ST			
		·	Address		
		Jupiter, Florida 33458			
			City/State and Zip Code		
		Eliteaviationservicesllc@ou	itlook.com to be used for future annual report noti-	Continn	
For further is	nfo rm ation co	e-man address. (neation)	
		meering this matter, please co			
Bryant M Perdomo			847 3474996 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 I	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	
<u>Ma</u>	iling Address	<u>u</u>	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327

TO: Registration Section

Tallahassee, FL 32314

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

FILED

Elite AviationServices LLC

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

(A Florida Limited Liability Company)

SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company were filed on March 03,2022 IALLAHAS and assigned Florida document number 1.22000110327 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 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>	Address	Type of Action
MGRM	Manuel O Perdomo	11021 NW 7 ST apt#203. Miami, Florida 33172	= Add
			□Remove
			□ Change
MGRM	Bryant M Perdomo	6283 Allen ST, Jupiter, Florida 33458	= Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
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ective date, if other than th	ne date of filing: (optional)	
n effective date is listed, the date m	oust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 block does not meet the applicable statutory filing requirements, this date will not be li	05.0207 st ed as:
	Department of State's records.	5104 45
	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
is filed.		
, April 06	2022	
ted	 , .	
10		
	Signature of a member or authorized representative of a member	
Date and Address of		
Bryant M Perdomo		
	Typed or printed name of signee	

Filing Fee: \$25.00



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Co. **Division of Corporations**

SECILE INTO SEATE

May 10, 2022

BRYANT M PERDOMO 6283 ALLEN ST JUPITER, FL 33458

SUBJECT: ELITE AVIATION SERVICES LLC

Ref. Number: L22000110327

We have received your document for ELITE AVIATION SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Anissa Butler Regulatory Specialist II

Letter Number: 922A00010671