

L22600115809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

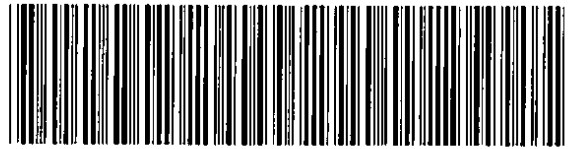
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
2023 AUG 28 PM 12:40

RECEIVED  
2023 AUG 28 PM 4:36  
ALLAHASSEE, FLORIDA

RECEIVED  
R. HUNT  
08/28/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**Please use funds from account: I20210000160: \$ 25.00**

Authorization Signature: *Sierra*

Sierra Aviation Investments, LLC L23000115809

Business Document #

   **Certified Copy**

   **Certificate of Status**

**NEW FILINGS**

   Profit Corp  
   Not for Profit  
   Officer/Director  
   Limited Liability  
   Domestication  
   Other  
   **CORP**  
   **LLLP**

**OTHER FILINGS**

   Annual Report  
   Fictitious Name  
   APOSTILLE:   

COUNTRY

**AMENDMENTS**

  X   Amendment  
   Resignation of R.A.  
   Articles of Dissolution  
   Change of Registered Agent  
   Revocation of Dissolution  
   Merger  
   **Conversion**  
   **Amended and restated Articles**  
   **Statement of FACT**

**REGISTRATION/QUALIFICATIONS**

  X   Foreign filing  
   Limited Partnership  
   Reinstatement  
   OTHER

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DIVISION OF CORPORATION  
TALLAHASSEE, FL

**EXAMINER'S INITIALS:**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIERRA AVIATION INVESTMENTS, 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:

Sandra Z. Green, Esq.

Name of Person

Jonathan H. Green & Associates, P.A.

Firm/Company

901 Ponce De Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City/State and Zip Code

szg@jhglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Z. Green, Esq.

305 372-5100

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

**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

2023 AUG 28 PM 12:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SIERRA AVIATION INVESTMENTS, 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 3/21/2022 and assigned  
Florida document number L22000115809.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CL SIERRA INVESTMENTS, LLC

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)

DIVISION OF STATE  
CORPORATION  
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**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>
_____	_____	_____	<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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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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CORPORATION

07 AUG 2017

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U.S. DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 28, 2023

Sandra Z. Green, Esq.

Typed or printed name of signee

**Filing Fee: \$25.00**