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T. MATTHEWS JUN 20 2022

## **COVER LETTER**

TO: Registration Division of (	i Section Corporations		
Atlantic	Aero LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Mitchell Adams		
		Name of Person	
	13122 SW 144th PKWY	Firm/Company	
	Okeechobee, FL, 34974	Address	···
	Mitch.a.adams@gmail.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report noti	lication)
	n concerning this matter, please co	all:	
Mitchell Adams		443 875-9448	
Nam	e of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check fo	r the following amount:		
X \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECKLIARY OF STATE DIVISION OF CORPORATIONS

Atlantic Aero LLC

22.APR 26 PM 12: 29

(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 Comp	pany were filed on April 01, 2022	and assigned
Florida document number		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
n/a		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LI	.C" 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)		
<del></del>		
	<del></del> ,	
3. If amending the registered agent and/or registered off	ice address on our records, ente	r the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	233
<del></del>	, F	lorida
	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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<del> </del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			Change
			□Add
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			□Change
<del></del>			
			□Remove
			□ Change
			□Add
			□Rелюve
			□Change

I want to make an upda	ate to reflect the name on my drivers license, tax records, etc.
Please change Mitch Ad	dams to Mitchell Adams.
-	
	·
<del></del>	
Note: If the date inserted in the	n the date of filing:
ne record specifies a delayed efford is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2022
April 19, Dated	

Typed or printed name of signee