

122000160053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

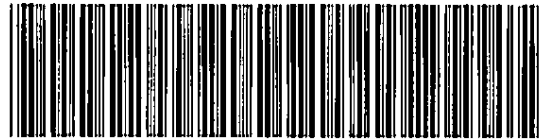
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/23--01011--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL 20 PM 3:27

T. MATTHEWS

JUL 20 2022



RECEIVED

2022 JUL 20 PM 12:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TEKAYLA T. MATTHEWS

July 14, 2022

GREG MILLER
5568 WOODBINE RD, SUITE #1
PACE, FL 32571

SUBJECT: BUZZARD AVIATION, LLC
Ref. Number: L22000160053

We have received your document for BUZZARD AVIATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file an amendment the name of the limited liability company on the form must correspond with how the name now appears in our records. Please correct the subject line of the cover letter. If you would like to file a name change, that can be done on section (A) of the amendment form.

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.

Tekayla T Matthews
OPS

Letter Number: 722A00015738

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Buzzard Aviation, 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:

Greg Miller
Name of Person
Buzzard Aviation, LLC
Firm/Company
5568 Woodbine Rd Suite #1
Address
Pace, FL 32571
City/State and Zip Code
buzzardaviation@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Miller 618 420-7548
Name of Person at 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL 20 PM 3: 27

Buzzard Aviation, 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 04/04/2022 and assigned
Florida document number L22000160053.

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 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)

5568 Woodbine Rd

Suite #1

Pace, FL 32571

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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

SECRETARY OF STATE
DIVISION OF CORPORATION

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[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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DIVISION OF CORPORATIONS

N/A

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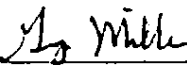
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated April 27, 2022



Signature of a member or authorized representative of a member

Greg Miller

Typed or printed name of signee

Filing Fee: \$25.00