

h22000 202.409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

WZ



000391164620

07.19.22 -01007--014 **25.00

SECRETARY OF STATE
TOLSON/STEELE/PLP/01/17

2022 JUL 19 PM 11:34

FILED

AIR FLOAT ONE, LLC
3540 SE GULL LN
STUART, FL 34997

July 14, 2022

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: CORRECTION OF LLC MEMBER'S LAST NAME

TO WHOM IT MAY CONCERN:

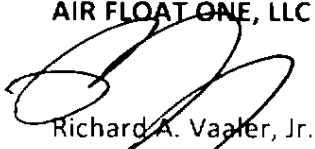
When our attorney filed the initial application for AIR FLOAT ONE, LLC they incorrectly used the wrong last name for one of the members of the LLC [submitted as Heather Erikson]. Her legal name is Heather F. Lamb. Please change your records to indicate this name correction.

Please see attached correction application form and check in the amount of \$25.00

If you have any questions you can email me at rich@vaaler.us or call me at 703-431-4513.

Thank you.

AIR FLOAT ONE, LLC



Richard A. Vaaler, Jr.
Registered Agent

FILED
2022 JUL 19 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIR FLOAT ONE, 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:

Richard A. Vaaler Jr
Name of Person

Air Float One LLC
Firm/Company

3540 S.E. Gull Lane
Address

Stuart FL 34997
City/State and Zip Code

rich@vaaler.us
E-mail address: (to be used for future annual report notification)

2022 JUL 19 AM 11:34
FILED
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

For further information concerning this matter, please call:

Richard A Vaaler Jr at (703) 431 4513
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
2000 Capital Circle
Tallahassee, FL 32310

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

AIR FLOAT ONE, 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 04/28/2022 and assigned Florida document number L220002020409

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2022 JUL 19 AM 11:34
CLERK OF CIRCUIT COURT
JANICE K. HARRIS
TALLAHASSEE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


[illegible]

2022 JUL 19 AM 11:34
ST. DAVID'S MEDICAL CENTER
TAMPA, FL 33606

FILED
2022 JUL 19 AM 11:34
St. Clair County Clerk
TAYLOR, ALICE

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 July 14 2022.



Signature of a member or authorized representative of a member

Richard A. Vaaler Jr.

Typed or printed name of signee