L22000242890

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

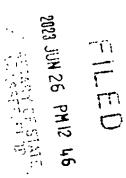
Office Use Only



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LLC N/C Amena



A. RAMSEY AUG - 8 2023

COVER LETTER

TO: Registration Se Division of Cor			-	
CIPLINA ART ANTO	VIATION LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The analoged Assistance	Amandmant and for(c) are cub	mitted for filing		
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	KERRY DELHOMME			
		Name of Person		
	BREES AVIATION LLC			
		Firm/Company	-	
	254 BUTTONWOOD AV	E		
		Address	<u> </u>	
	WINTER SPRINGS, FL 3	2708		
		City/State and Zip Code		
	KERRYDELHOMME@Y.			
		to be used for future annual report	notification)	
For further information c	concerning this matter, please c	all:		
KERRY DELHOMME		251 545-764' at ()	7	
Name o	f Person	Area Code Day	rtime Telephone Number	
Enclosed is a check for t	he 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 Addres		Street Address Registration		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632 Tallahassee,			of Tallahassee proc Street, Suite 810	
rananassee,	11,34314	29 LJ (N. IVIOI	noe ancer, anne orv	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JUN 26 PM 12 46

BREES 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 w	vere filed on 05/25/2022	and assigned
Florida document number L22000242890		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
BREES ENTERPRISES, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	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)		
	to amend the following: the new name of the limited liability company here: ble and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." address, if applicable: ST BE A STREET ADDRESS) if applicable: POST OFFICE BOX) ed agent and/or registered office address on our records, enter the name of the new registered ered office address here: tered Agent: ice Address: Enter Florida street address Enter Florida street address Lity Zip Code ture, if changing Registered Agent: ment as registered agent and agree to act in this capacity. I further agree to comply with the lative to the proper and complete performance of my duties, and I am familiar with and	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	dress on our records, <u>enter t</u> l	ne name of the new registered
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street address	T.L.C" or the abbreviation "L.tC." Inter the name of the new registered didress I Florida Zip Code
	Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F	l I am familiar with and S. Or, if this document is

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
			□Remove
			□Change
-			□Add
			☐Remove
			□Change
			□Add
			□Change
			□Add
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		<u>-</u>
If an effe Note:	ve date, if other than the date of filing:	t to 605.0207 be listed as
ne record		ay after the
	6-4-23	
	6-4-23 K7D2	
	6-4-23 // TD1 Signature of a member or authorized representative of a member	

Filing Fee: \$25.00