

L220000357918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

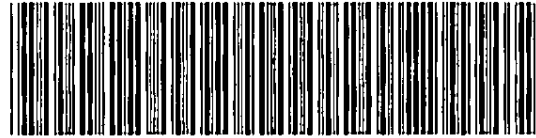
(Business Entity Name)

(Document Number)

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2022 DEC 28 AM 9:39

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2022 DEC 28 AM 9:39
SOUTHERN
BANKING, FLORIDA

28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH SHORE 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:

JORGE M RAMOS-MONTALVO

Name of Person

NORTH SHORE AVIATION LLC

Firm/Company

1356 CINDER LN

Address

KISSIMMEE, FL 34744-5616

City/State and Zip Code

JTORRES@QUANTUMCPA.COM

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

RECEIVED
TALLAHASSEE, FL
2002 DEC 28 AM 9:39

For further information concerning this matter, please call:

JORGE M RAMOS-MONTALVO

407

301-6257

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

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

NORTH SHORE 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 08/14/2022 and assigned
Florida document number L22000357918.

This amendment is submitted to amend the following:

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

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)

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> |
|--------------|---------------------------|----------------------------------|---|
| AMBR | URIONA, DANIEL NESTOR ROI | 1900 SOUTH TREASRE DR, APT 04D | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | NORTH BAY VILLAGE, FL 33141-4543 | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |
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22 DEC 28 AM 9:40
MAIL ROOM
10-15A

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

THE FULL NAME OF THE NEW MEMBER TO BE ADDED IS:

URIONA, DANIEL NESTOR ROLANDO

THE SPACE ALLOWED IN THE FORM DOESN'T SHOW HIS FULL NAME BECAUSE OF THE LETTER
SIZING, WHICH WE COULD NOT CHANGE. I AM ALSO INCLUDING A COPY OF HIS DRIVER

LICENSE FOR IDENTIFICATION PURPOSES, WHICH ALSO SHOWS HIS FULL NAME AS

IT IS IN THE DMV RECORDS. PLEASE CONTACT US FOR ANY ADDITIONAL INFORMATION THAT
YOU MAY NEED. THANKS.

2022 DEC 28 AM 9:40
OFFICE OF THE
TALLAHASSEE COUNTY
CLERK

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

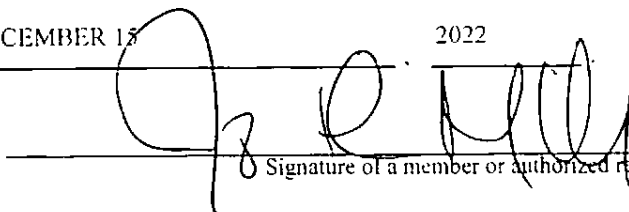
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 DECEMBER 18

2022



Signature of a member or authorized representative of a member

JORGE M RAMOS-MONTALVO

Typed or printed name of signer