

122000366693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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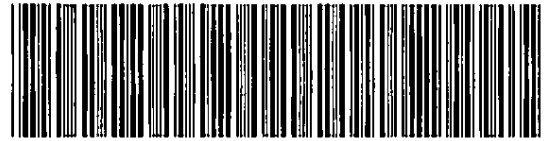
(Business Entity Name)

(Document Number)

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2022 SEP 19 AM 6:33  
STATE OF MISSISSIPPI

A. BUTLER  
DEC 13 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Take Flight Gang  
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:

Jason Davis  
Name of Person

Take Flight Gang  
Firm/Company

6024 SW 26 Street Apt #111  
Address

Miramar, Florida 33023  
City/State and Zip Code

Jason Davis 4572@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Davis at ( 786 ) 520-9688  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Take Flight GANG

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2022 SEP 19 AM 6:33

The Articles of Organization for this Limited Liability Company were filed on 08/19/2022 and assigned Florida document number L22000366683.

This amendment is submitted to amend the following:

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

NA

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)**

6024 Sw 26 Street  
Miramar Apt #111 33023

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1850 Service Road opalocka  
Florida 33054

**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:

Xavier Rutherford

New Registered Office Address:

6024 Sw 26 Street

Enter Florida street address

Miramar

City

, Florida 33023

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.*

Xavia

**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>
MGR	Jason Davis	6024 Sw 26 st Apt #111	<input checked="" type="checkbox"/> Add
		Miramar, Florida 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Xavier Rutherford	1850 Service Road opaloka	<input checked="" type="checkbox"/> Add
		Florida 33054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eddie Lewis	745 NW 58 st Apt #5	<input checked="" type="checkbox"/> Add
		33127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tyrrick Ashley	5111 NW 27th Avenue	<input checked="" type="checkbox"/> Add
		Apt #5111B	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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 09/14/2022, 4:02

Signature of a member or authorized representative of a member

Typed or printed name of signer