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2023 FEB 15 AM 10:52
FEB 15 2023
FEB 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

HI FLYT LLC

SUBJECT: _____
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:

NATHAN M. HANSEN

Name of Person

HI FLYT LLC

Firm/Company

110 SUNSET COVE

Address

NICEVILLE, FL 32578

City/State and Zip Code

NATHAN@FLYWITHME.NET

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

2023 FEB 15 AM 10:52
TALLAHASSEE, FL

For further information concerning this matter, please call:

NATHAN M. HANSEN

850 333-6707

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**

HI FLYT 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 JANUARY 12, 2016 and assigned
Florida document number 122000383516

This amendment is submitted to amend the following:

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

FLY WITH ME LLC

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>
			<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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023 FEB 15 AM 10:32
TALLAHASSEE, FL

2008 FEB 15 AM 10:52
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-05-2010 BY 60322
UCBAW/STP/STP

2003 FEB 15 AM 10:52
CALL 670-2211

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.

FEBRUARY 12 2023

Dated _____

Wm. H. H. H.

NATHAN M. HANSEN

Typed or printed name of signee