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(Requestor's Name)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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02/27/23--01050--006 \*\*25.00

Handwritten signature or initials in the bottom right corner.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Flight Mode 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:

Or Hen

\_\_\_\_\_  
Name of Person

Flight Mode LLC

\_\_\_\_\_  
Firm/Company

1300 NE 161st St

\_\_\_\_\_  
Address

North Miami Beach, FL 33162

\_\_\_\_\_  
City/State and Zip Code

orhen900@gmail.com

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

For further information concerning this matter, please call:

Or Hen

781 2673416  
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

## FLIGHT MODE LLC

**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	Or Hen	1300 ne 161st St, North Miami Beach, FL, 33162	<input checked="" type="checkbox"/> Add
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MGR	Or Hen	1300 ne 161st St, North Miami Beach, FL, 33162	<input checked="" type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**F. 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 February 21st, 2023

or less

Signature of a member or authorized representative of a member

Or Hen

Typed or printed name of signee

**Filing Fee: \$25.00**