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т <b>о</b> :	Division of Corporations Fax Number : (850)617-6383		
From;	Account Name : MYLLC.COM, INC. Account Number : I20130000077 Phone : (888)886-9552 Fax Number : (888)776-9552		
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: J.A.P. Aviation Services LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lauren Jacot

Name of Person

MyLLC.com, Inc.

Firm/Company

1910 Thomes Ave

Address

Cheyenne, WY 82001

City/State and Zip Code

Orders@myllc.com

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

For further information concerning this matter, please call:

Lauren Jacot \_\_\_\_\_\_at 888-886-9552 \_\_\_\_\_\_at 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

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

J.A.P. Aviation Services 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 04/05/2023 and assigned

Florida document number L23000170599

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 "LLC."

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:  $\sim$ 

			023	
Name of New Registered Agent:			2 <b>2</b> 17	
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New Registered Office Address:			~	Ē
	Enter Florida street address			<u> </u>
	. Florida	~	PHE	רי
	City	Zip Co		
Registered Agent's Signature, if changing Registered Agent:		=	34	

#### New R

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

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I.

# 4230001346773

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

### MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	Juan A A Pena	18011 Eastbrook Terrace	🗆 Add
		Lakewood Ranch, FL 34202	⊡Remove
			□Change
MGR	Juan A Pena	18011 Eastbrook Terrace	🖽 Add
		Lakewood Ranch, FL 34202	🛛 Remove
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ecord specifies is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th (	day after th
ted April 12	2, 2023	
*	Juan A Pana Signature of a member or authorized representative of a member	
	n A Pena Typed or printed name of signee	

Filing Fee: \$25.00