

8/31/23, 5:21 PM

Division of Corporations

L2300095647

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MILAM HOWARD, ET.AL.
Account Number : 12000000206
Phone : (904)357-3668
Fax Number : (904)357-3661

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: RA@MHCorpServices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PLATINUM AVIATION PARTNERS LLC

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SEP 05 2023

COVER LETTER

(((H23000304620 3)))

TO: Registration Section
Division of Corporations

SUBJECT: PLATINUM AVIATION PARTNERS 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:

G. Alan Howard

Name of Person

Milam Howard Nicandri & Gillam, P.A.

Firm/Company

14 East Bay Street

Address

Jacksonville, Florida 32202

City/State and Zip Code

ahoward@milamhoward.com

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

For further information concerning this matter, please call:

Kathleen Travis

Name of Person

at (904) 357-3660

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**

(((H23000304620 3)))

PLATINUM AVIATION PARTNERS 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 April 20, 2023 and assigned Florida document number L23000195647.

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:

8825 PERIMETER PARK BLVD, SUITE 104

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE, FL 32216

Enter new mailing address, if applicable:

8825 PERIMETER PARK BLVD, SUITE 104

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE, FL 32216

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:

MH Corporate Services, Inc.

New Registered Office Address:

14 East Bay Street

Enter Florida street address

Jacksonville


City

Florida 32202

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM T. PYBURN	14 East Bay Street	<input type="checkbox"/> Add
		Jacksonville, Florida 32202	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	BARRY GRAHEK	14 East Bay Street	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DRUE HOLDEMAN	14 East Bay Street	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32202	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 August 31, 2023

6. A. A. S.

Signature of a member or authorized representative of a member

G. Alan Howard, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00