

L23000214912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

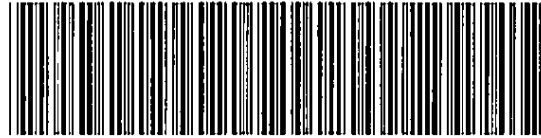
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100414579451

FILED

2023 AUG 29 AM 11:30

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AND BUSINESSES

RECEIVED

2023 AUG 29 AM 11:30

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AND BUSINESSES  
FALL ACHASSE: 519919A

Amend



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 08/29/2023

Name: Shannel

Reference #: 2100882

Entity Name: BLUE LINE AVIATION MANAGEMENT, LLC.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

FILED  
2023 AUG 29 AM 11:33  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

Authorized Amount: \$25.00

Signature:

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Line Aviation Management, 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:

Lee A. Patterson III

Name of Person

Morningstar Law Group

Firm/Company

421 Fayetteville Street, Suite 530

Address

Raleigh, NC 27601

City/State and Zip Code

brian.zuercher@blue-line-usa.com

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

For further information concerning this matter, please call:

Lee A. Patterson III

Name of Person

at ( 919 )

Area Code

590-0401

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 AUG 29 AM 11:30

FILED

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

Blue Line Aviation Management, 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 May 1, 2023 and assigned  
Florida document number L23000214912

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2073 US-92

Winter Haven, FL 33881

**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:

2073 US-92

*Enter Florida street address*

Winter Haven

Florida

33881

*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>           |
|--------------|-------------------------|------------------------|---------------------------------|
| MGR          | Charles R. Walters, III | 2073 US-92             | <input type="checkbox"/> Add    |
|              |                         | Winter Haven, FL 33881 | <input type="checkbox"/> Remove |
|              |                         |                        | <input type="checkbox"/> Change |
| MGR          | Kelsey L. Walters       | 2073 US-92             | <input type="checkbox"/> Add    |
|              |                         | Winter Haven, FL 33881 | <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 |

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.

(b) The 90th day after the record is filed.

Dated August 25, 2023

Signature of a member or authorized representative of a member

Charles R. Walters, III

Typed or printed name of signee