L23000372973

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20011000 21110, 110110)
(Document Number)
Certified Copies Certificates of Status
Speciał Instructions to Filing Officer:





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COVER LETTER

Division of Cor		•	
subject: <u>100</u>	Fly Charter	ited Liability Company	
	Amendment and fee(s) are submodence concerning this matter		
	Alcen 6	Name of Person	
	TOP PLY C	Nartes U.C. Firm/Company	
	4420 Bmac	1 Porch lun Address	
	land o' lak	Cit/State and Zip Code	
For further information co	Oncerning this matter, please ca	to be used for future andual report notified:	ication)
Juan Gunz	all	at (813) 786 - Daytime	La Lu D : Telephone Number
Enclosed is a check for th	e 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	<u>8:</u>	Street Address:	ation

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

100 (w Charter	s lic			
(Name of the Camited Liz (A Fig.	ibility Company as it orida Limited Liability	now appears on our Company)	records.)	
The Articles of Organization for this Limited Liabilit		filed on 0810	08/03	and assigned
This amendment is submitted to amend the following	<u>;</u> :			
A. If amending name, enter the new name of the	limited liability co	ompany here:		
				201
The new name must be distinguishable and contain the words	Limited Liability Con	npany." the designatio	n "LLC" or the abbrevi	atčoni "L.L.C."
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET AL	DDRESS)			σ·
				7
Enter new mailing address, if applicable:				o) Di
(Mailing address MAY BE A POST OFFICE BOX)	· —			
Grining address MAT DL AT OST OFFICE DOA				
B. If amending the registered agent and/or registered and/or the new registered office address her		ss on our records,	enter the name of	the new registered
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:				
		Enter Florida strect	t address	
			Florida	
	C	ity	Z	p 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Aileen Ganzake	4420 broad Arch Run	X √√qq
		land 0' late, 12 34638	□Remove
			□Change
			🗆 Add
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing i: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	
ford specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) The 90th day after the
d August 10 2023.	
Aleco October Typed or printed name of sig	