L23000516727

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

	gistration Se rision of Cor			
SUBJECT.	N819KS, L	LC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Mark Eckstrom		
		 	Name of Person	
		N819KS, LLC		
			Firm/Company	
		5905 SW Mapp Road		
			Address	
		Palm City, FL 34990		
			City/State and Zip Code	,
		marksbills2690@gmail.con		
		E-mail address: (to be used for future annual report notification)	r.) 1
For further in	nformation c	oncerning this matter, please c	all:	
Mark Eckstr	rom		772 485-8931	·
	Name o	f Person	Area Code Daytime Telephone Number	<u> </u>
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
	iling Addres		Street Address:	
	gistration S vision of C	Section forporations	Registration Section Division of Corporations	
P.C	D. Box 632	.7	The Centre of Tallahassee	
Tal	llahassee. I	FL 32314	2415 N. Monroe Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N819KS, LLC			
(Name of the Lim	ited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited I lorida document number L23000516727		November 15, 20232	and assigned
forida document number	·		
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited liability compan	v here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the a	hbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
inter new mailing address, if applicable:			3
Mailing address MAY BE A POST OFFICE	<u></u>		<u>:</u> :
			·
			- 1
. If amending the registered agent and/or		ur records, <u>enter the nan</u>	ne of the new regist
gent and/or the new registered office addre	ess here:		.•
	Mark Eckstrom		ے;
Name of New Registered Agent:	Hark Decision	·	
New Registered Office Address:	5905 Mapp Road		
	Enter	r Florida street address	
	Palm City	, Florida ³⁴	.990
	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>	Address	Type of Action
MGR	Jennifer M. Eckstrom	5905 SW Mapp Road, Palm City, FL 34990	= Add
			□Remove
			□Change
MGR	Air Aloha, Inc.	5905 SW Mapp Road, Palm City, FL 34990	□Add
			■Remove
			Change
			□Add
			Remove
			Change
			□Add ::::
			□Remove
			□ Change
		 	□Add
			Remove
			Change
			□ Add
			□Remove
			□Change

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior tote: If the date inserted in this block does not meet the application of the date on the Department of State's records. The determinant of State is recorded at the determinant of State is recorded at the determinant of State is recorded at the date of the date, but not an effective time.	able statutory filing requirements, this date will not be listed a
is filed.	ne, ac 12.01 a.m. on the earner of. (b) The 90th day after th
nted November 20 . 2023	
Signature of a member or author	rized representative of a member