

L230002560613

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000000368 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CRICHTON MULLINGS & ASSOCIATES PA
Account Number : 120070000038
Phone : (954)862-2250
Fax Number : (954)862-2251

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

Email Address: admin-us@crichtonmullings.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPECIAL AVIATORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
2024 JAN -3 AM 10:24
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
JAN - 4 2024

FILED

2024 JAN -3 PM 4:27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPECIAL AVIATORS 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:

DAWN STIMPSON

Name of Person

CRICHTONMULLINGS CPAS PA

Firm/Company

3350 SE 148TH AVE., SUITE 203

Address

MIRAMAR, FL 33023

City/State and Zip Code

DSTIMPSON@CRICHTONMULLINGS.COM

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

For further information concerning this matter, please call:

DAWN STIMPSON

954 862-2250
at ()

Name of Person

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**

SPECIAL AVIATORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 JAN -3 PM 4:27
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 21, 2023 and assigned
Florida document number L23000560613.

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) _____

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: _____

Enter Florida street address

_____, Florida _____
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/AMBR	ROHAN CRICHTON	5811 SW 185TH WAY	<input checked="" type="checkbox"/> Add
		SOUTHWEST RANCHES, FL 33332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/AMBR	EVERDEEN REEVES	4310 NW 12TH CT APT 210	<input type="checkbox"/> Add
		LAUDERHILL, FL 33313	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JAN -3 PM 4:27
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-2010 BY 60322

FILED

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

FILED
2024 JAN -3 PM 4:27
FBI - JEFFERSON

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 603.0207 (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

121

2024

Signature of a member or authorized representative of a member

EVERDEEN REEVES

Typed or printed name of signer

Filing Fee: \$25.00