

L24000103455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 24 2024

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FILED
2024 SEP 23 AM 9:34

09/24/24--01001--002 **25.00

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09/24/24 BY 60322
2024 SEP 23 PM 3:56

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 9/23

CERTIFIED COPY

☒ PHOTOCOPY

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☒ FILING

LLC AMEND

1. BMS AVIATION, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**Registration Section
Division of Corporations**

BMS AVIATION, LLC, a Florida limited liability company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Jon McGraw

Name of Person

McGraw Rauba Mutarelli PA

Firm/Company

35 SE 1st Avenue, Suite 102

Address

Ocala, Florida 34471

City/State and Zip Code

jon@lawmrtm.com

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

For further information concerning this matter, please call:

Jon McGraw

352 789-6520
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

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FBI - MEMPHIS

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

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	AZIM F. SAJU	125 SE 1st Avenue	<input type="checkbox"/> Add
		Ste 1	<input checked="" type="checkbox"/> Remove
		Ocala, Florida 34471	<input type="checkbox"/> Change
MGR	RICHARD BIANCULLI, JR	3080 SW 53rd Street	<input checked="" type="checkbox"/> Add
		Ocala, Florida 34471	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Typed or printed name of signee

Filing Fee: \$25.00