L24000150969

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2024

CIARA RUDNICK 1820 N CORPORATION LAKES BLVD STE 207 WESTON, FL 33326

SUBJECT: FLIGHTLIFECICI LLC Ref. Number: L24000150969

We have received your document for FLIGHTLIFECICI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Date the last page, as well as sign and print your name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 724A00009478

- COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	hatlifecici LL	(,	
		d Liability Company	
The enclosed Articles of	Amendment and fee(s) are submi	tted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	<u>Cara r</u>	Wani ClC Name of Person	
	<u> Flight</u>	Firm/Company	SECR
		rate jakes Blud s	SECRETARY OF STATE TALLAHASSEE, FL
	Weston, FL 33	376 City/State and Zip Code	OF STATE
	Fightlift E-mail address: (10 F	e used for future annual report notifi	
For further information co	oncerning this matter, please call:		
Caya Ruc	Inick Person	at (786) 826-7 Area Code Davtime	1 \ 7 Telephone Number
		The code 124 time	retephone (value)
inclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
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Mailing Address	ignature.		
Registration S		Street Address: Registration Sect	tion
Division of Co		Division of Corp	
P.O. Box 632	•	The Centre of Ta	
Tallahassee, F	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

- COVER LETTER

Division of Corporations	
SUBJECT: -Flightlife Cici LL	(,
	d Liability Company
The analysed Articles of Amendment and force) are submit	stad for Mico
The enclosed Articles of Amendment and fee(s) are submi	tted for fitting.
Please return all correspondence concerning this matter to	the following:
<u> Caya (</u>	<i>judnicic</i>
	Name of Person
<u> Flight</u>	lipecici IIC
	Firm/Company AR
1820 N CO(PO.	Firm/Company (ate jakes blud ste 707 Address City/State and Zin Code
Weston, FL 33	City/State and Zip Code
E-mail address: (to	City/State and Zip Code
For further information concerning this matter, please call:	
Ciara Rudnick	766 (2) 7247
Name of Person	at (766) 826-7242 Area Code Daytime Telephone Number
	The state of the s
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy □ Certificate of Status &
	(additional convict analysis) Cartified Conv
I Self TRITIONE 9 193	(additional copy is enclosed)
I sent the money 195 I was told that I has I a signature.	nissing
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 1 1 . . .

+ 11911+111	400 11C	·		
(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 Lia Florida document number <u>L2400015</u>	ability Company w	i	18/7024	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
The new name must be distinguishable and contain the wo	ords."Limited Liabilit	y Company," the designati	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	able:			(3
(Principal office address MUST BE A STREE	T ADDRESS)			ECT TAL
en e				JUL 23 A
Enter new mailing address, if applicable:	n (310			E S
(Mailing address MAY BE A POST OFFICE I	<u>80x)</u>			73 W
				
B. If amending the registered agent and/or reagent and/or the new registered office address		ldress on our records	s, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:	Ciara	Rudnick		
New Registered Office Address:	1830 N	Enter Florida stre	<u>les Blud</u> Ste et address	? 207
	Weston	City	Florida <u>- 3</u> 2	3376 Zip Code
New Registered Agent's Signature, if changing F	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
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		Weston, FL 33326	□Remove
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E. Effec	ctive date, if other than the date of filing: (optional)	
HORC	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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	.0207 (3)(F ed as the
If the record is t	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	r the
Dated	1 07 15 /2024	
	CMM	
	Signature of a member or authorized representative of a member	
	<u>Ciara Budnick</u>	