

LA 100216230

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: FPANNUALREPORT@DEANMEAD.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIVJORD AVIATION, LLC

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STATEMENT OF CORRECTION
FOR

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: LIVJORD AVIATION, LLCSECOND: The Florida Document number of the limited liability company is: 1,24000216230THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION - REGISTERED AGENT ADDRESS(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒
- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:


STREET ADDRESS OF REGISTERED AGENT CONTAINED A TYPO. THE REGISTERED AGENT NAMEAND ADDRESS SHOULD BE: DEAN MEAD SERVICES, LLC 420 S. ORANGE AVENUE, SUITE 700ORLANDO, FL 32801OR

- ☐
- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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OR

- ☐
- The electronic transmission of the record was defective.


Signature of Authorized Representative

Date 7/31/24

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.


Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)