## L24000229329

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
amend

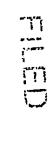




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SECRETARY OF STATE



## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
	FLORIDA LLC			
SUBJECT:	Name of Lim	ited Liability Company		
		in A Con CV-		
	Amendment and fee(s) are sub			
Please return all correspo	ndence concerning this matter	to the following:		
	JORDAN GRANT			
	-1-/-	Name of Person		
		Firm/Company		
	4049 6TH AVE NE			
		Address	<u> </u>	20
	NAPLES, FL 34120		ECRETARY OF ST	2024 NOV 19
		City/State and Zip Code		) V
	JORDAN@RAREAIRFL.		5名	
	E-mail address: (	to be used for future annual report notificat	ion) O O	H
For further information of	oncerning this matter, please c	all:	STA	կ։ 29
JORDAN GRANT		239 287-2098 at ( )	T ATE	õ
Name o	f Person		lephone Number	
Enclosed is a check for t	he 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)	
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Section		
Division of C	Corporations	Division of Corpor	ations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RARE AIR FLORIDA		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	,
The Articles of Organization for this Limited Liability Florida document number L24000228329	Company were filed on 5/16/2024	and assigned
This amendment is submitted to amend the following:	<del></del> -	
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		= = = =
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETA
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter th</u>	7 6
		TE 9
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	enter r toriaa street adaress	
	, Flor	ida Zip Code
	Сиў	гір Сойе

## 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>	Type of Action
AMBR	JORDAN GRANT	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	<b>≡</b> Remove
			□Change
			□Add
			☐ Change
			2024 NOV
			2024 NOV 19 BM 4: 29  CREMINEY DISTANCE TALLAHASSEE, FL
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		,	Remove
			Change

	<u>.                                    </u>
	<del></del>
	202 SE
	2024 NOV SECRET
	V 19 I
	7.05 7.05 7.05 7.05 7.05 7.05 7.05 7.05
	TO ST.
	: 29 TATE FL
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note:  If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear rd is filed.	lier of: (b) The 90th day after the
Dated NOVEMBER 7TH 2024	
Signature of a member or authorized representative of a memb	per
JORDAN GRANT	
Typed or printed name of signee	<del> </del>

Filing Fee: \$25.00