

L24000390609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

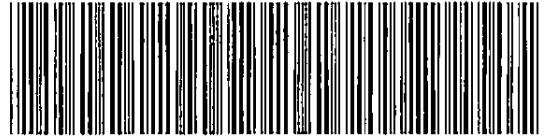
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J. HORNE
SEP 16 2024

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2024 SEP 13 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 SEP 13 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: 120210000160:: \$ _30.00_____
Authorization Signature: _____
Calm Air LLC L24000390609

Business

Document #

___ Walk in

___ Will wait

___ Certified Copy of the Articles

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ INC
___ CORP
___ OTHER

AMENDMENTS

___X___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Conversion
___ Merger

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ Statement of Authority
___ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstatement
___ CORRECTION for a Foreign LLC
___ Domestication of a Foreign Corp.
___ Other

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: I20210000160:: \$ _30.00_____

Authorization Signature: Antel

Calm Air LLC L24000390609

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_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CALM AIR 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:

IVAN BRAVO

Name of Person

RED SQUARE ACCOUNTING & TAX, LLC

Firm/Company

6052 TURKEY LAKE ROAD STE 144

Address

ORLANDO, FL 32819

City/State and Zip Code

info@redsquaretax.com

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

For further information concerning this matter, please call:

IVAN BRAVO

407 717-8150
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**

CALM AIR LLC

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

FILED
2024 SEP 13 AM 9:29
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/06/2024 and assigned Florida document number 124000390609.

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>
AMBR	JENNINGS, KERRIE	2730 SHUTE STREET, SUITE 3	<input type="checkbox"/> Add
		ORLANDO, FL 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JENNINGS, KARRIE	2730 SHUTE STREET, SUITE 3	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated September 13, 2024

2012 2024 05 24 06 PM

Signature of a member or authorized representative of a member

KARRIE JENNINGS

Typed or printed name of signee