

1124 00001566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

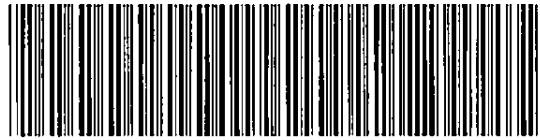
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000440980510

12/13/24--01018--023 **55.00

FILED
2024 DEC 13 PM 4:23
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JetLynx, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerson Hernandez
Name of Person

Lawyers Limited
Firm/Company

2315 E. Palmdale Blvd, Ste: G-D8
Address

Palmdale, CA 93550
City/State and Zip Code

gerson@lawyerslimited.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerson Hernandez at (661) 310 2823
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2021 DEC 13 PM 4:24

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: JetLynx, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

1740 H. Dell Range Blvd #281

Cheyenne, WY 82009

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

1740 H. Dell Range Blvd #281

Cheyenne, WY 82009

2. The Florida document number of this limited liability company is: M124000011566

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 08/30/2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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 _____

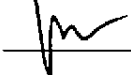
2024 DEC 13 PM 4:21
FILED
STAFF
TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMB	Manuel Munoz	450 Golden Isles Drive #2B	<input type="checkbox"/> Add
		Hallandale Beach FL 33009	<input checked="" type="checkbox"/> Remove
MGR	Bob Lambert	1740 H. Dell Range Blvd #281	<input checked="" type="checkbox"/> Add
		Cheyenne, WY 82009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Bob Lambert - Manager

Typed or printed name of signer

Filing Fee: \$25.00

24 DEC 13 PM 4:24
STATE OF FLORIDA
TALLAHASSEE, FL
☐ Add
☐ Remove

FILED