

L13000050405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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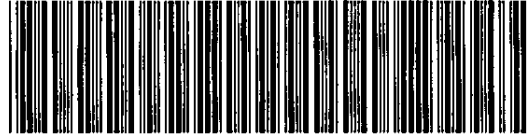
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

OCT 13 2015  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AERO32, 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:

CHARLES D. STRUMPF  
Name of Person  
AERO32, LLC  
Firm/Company  
417 MOHAWK LANE  
Address  
BOCA RATON, FL 33487  
City/State and Zip Code  
HERK@STRUMPF@YMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES D. STRUMPF at (941) 232-9696  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301





D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ONLY ADDING LYANDEE REID AS MEMBER

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/9, 2015

Signature of a member or authorized representative of a member

CHARLES D. STUMPF

Typed or printed name of signee

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TALLAHASSEE FLORIDA