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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

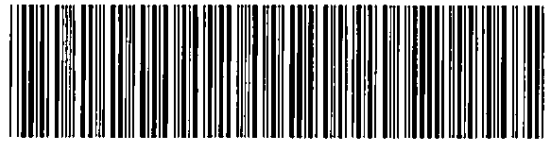
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL AIRE VENTURES, 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:

EDWARD BRENNER
Name of Person

NATIONAL AIRE VENTURES, LLC
Firm/Company

409 MELANIE WAY
Address

MAITLAND/FL 32751
City/State and Zip Code

EDWARDS MACY @ ATT.NET
E-mail address: (to be used for future annual report notification)

RECEIVED
MAY 11 11 11 AM '09

For further information concerning this matter, please call:

EDWARD BRENNER at (407) 461-5234
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**

NATIONAL AIRE VENTURES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5-23-2019 and assigned Florida document number L19000139484

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: SAME

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)

409 MELANIE WAY
MAITLAND FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

409 MELANIE WAY
MAITLAND FL 32751

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 ^{Scot} ~~New~~ Registered Agent:

LINDA BREWNER

New Registered Office Address:

409 MELANIE WAY

Enter Florida street address

MAITLAND

City

Florida

32751

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	BRENNER, DAVID	409 MELANIE WAY	<input type="checkbox"/> Add
		MAITLAND FL 32751	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BRENNER, MARE	409 MELANIE WAY	<input type="checkbox"/> Add
		MAITLAND FL 32751	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BRENNER, EDWARD	409 MELANIE WAY	<input type="checkbox"/> Add
		MAITLAND FL 32751	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	WAGNER, SUSAN	409 MELANIE WAY	<input type="checkbox"/> Add
		MAITLAND FL 32751	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

2024-11-08
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E. Effective date, if other than the date of filing: 5-1-24 (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 MAY 1, 2024

Edward Brenner

Signature of a member or authorized representative of a member

EDWARD BRENNER

Typed or printed name of signee