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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | | | |
|--|--|--|---|---|---|
| SUBJECT: | Flite Truffic C | Chool //C ited Liability Company | | | |
| The enclosed Articles of a | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspon | ndence concerning this matter | to the following: | | | |
| | Patrick | Name of Person | | | |
| | | Firm/Company | | | |
| | 17891 S. Di | xie Highway Suite | 104 | 2025 | |
| | <u> </u> | 33/57 City/State and Zip Code | | 2025 OCT 10 AMII: 11 PARY OF STATE DAY MAY SEELEL ORIGI | |
| | E-mail address: (| to be used for future annual report notif | ication) | 25 = = = = = = = = = = = = = = = = = = = | Ļ |
| For further information ed | oncerning this matter, please co | all: | | | |
| Patrick Name of | Davis Person | at (786) 227-6 Area Code Daytimo | 2427 Telephone Number | | |
| Enclosed is a check for th | ne following amount: | | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Sta Certified Copy tadditional copy is e | atus & | |
| | | | | | |

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

| Elite Troffic Sch | heo(//C' | |
|---|--|----|
| (Name of the Limited Liability Compa (A Florida Limited L | nv as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Horida document number $\frac{L20000339836}{L20000}$. | were filed on October 26, 2020 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi Davis Flite Enterprise //C The new name must be distinguishable and contain the words "Limited Liabil | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 17891 S. Dixie Highway Suite 10 Miami, Fl 33157 | 14 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered | , |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address , Florida Zip Code Co | |
| New Registered Office Address. | Enter Florida street address , Florida | |
| New Registered Agent's Signature, if changing Registered Agent: | City Zip Code CO = CO | (_ |
| I hereby accept the appointment as registered agent and agree or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | |

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> | Address | Type of Action |
|--------------|-------------|---------|----------------------|
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| If amending any other | er information, en | | | | (necessary.) | | |
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| Effective date, if other of an effective date is listed Note: If the date insert document's effective date record specifies a dela | ed in this block does ate on the Departmen | s not meet the app nt of State's recor | olicable statutory fi rds. | ling requiremen | ts, this date will | not be liste | ed as the |
| ord is filed. | · | | | | | | |
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Filing Fee: \$25.00