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FILED 2003 AUG 14 PH 12 30

A. RAMSEY SEP - 1, 2023

COVER LETTER

Division of Cor			
Florida Car	opy Piloting Association, LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		_	
rrease return an correspo	ondence concerning this matter	to the following:	
	Jeannie Bartholomew		
		Name of Person	
	Florida Canopy Piloting As	ssociation	
		Firm/Company	
	226 W Tarrington Dr		
		Address	
	Delland, FL 32724		
	alteregofastrax@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Jeannie Bartholomew		209 4810786	
		at () Area Code Daytin	· · · · · · · · · · · · · · · · · · ·
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Florida Canopy Piloting Association, LLC.

2023 AUS 14 PM 12 30

(Name of the Limited Liability Company as it now appears on our records.), FARY OF STATES FF MILLESPE The Articles of Organization for this Limited Liability Company were filed on ______ _____ and assigned Florida document number L13000003623 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: United States Canopy Piloting Association LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 ____ Cirv

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 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
		·	🗆 Add
			Remove
			☐ Change
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L (Cont	ive date if other than the date of filing: (antional)
Note:	ive date, if other than the date of filing:
e reco rd is f	rd 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 led.
	August 8th 2023
Dated	
Dated	
Dated	Signature of a member of authorized representative of a member
Dated	Sistemature of a member of authorized representative of a member Jeannie Bartholomew

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