K01000021494

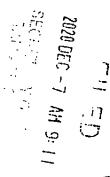
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	A .
(,, <u> </u>	,
PICK-UP	WAIT	MAIL
	siness Entity Name	
(20	iomoso Emary Marria	,
(5)		
(100	curnent Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	· ·····g -····	
<u> </u>		

Office Use Only



600355946746

12/07/20--01013--019 **25.00



9

JA.
1/20/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COPPOSE Flight Solutions 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:
Barry Connell Name of Person
Corporate Flight Solutions
1628 Randolph Siding Road
Dany Cfs and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barry Conrell at 954 4015382 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on our liability Company)	stions LLC		
The Articles of Organization for this Limited Liab Florida document number <u>LOIOOO2</u>	oility Company	17.	-12-2001 and	Fassigned 1	
This amendment is submitted to amend the follow	ing:		1-	至了	۵.
A. If amending name, enter the new name of the	ne limited liabi	dity company here:			(B)
The new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviatio	n "L.L.C."	
Enter new principal offices address, if applicab		16281 Bar	dolph Sidin	g Road	
Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Suprter, t	19 224,18		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	16281 Ran	ddph Siding Fla 334118	Road	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our record	s, enter the name of the	e new register	<u>ed</u>
Name of New Registered Agent:	Mac	deline Co	onnell		
New Registered Office Address:	1628	Kendolph :	siding hoad	<u> </u>	
	Jup	Enter Florida stre	, Florida <u>334</u>	<u> 18.</u>	
		City	Zip C	.ode	

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>	Address	Type of Action
VP_	Nancy Canall Remove	2731 NE 45 Street Lighthousie Point, Fla 3300	1
	Kemove	LIGHTHOUSE VOINT, THE JOUR	Remove
			□Change
<u>VP</u>	Madeline Comell	16281 Randolph Siding Re Jupiter, Fla 33478	Z [ZAdd
		Vupiter, 118 WIN	□Remove
			□Change
			□ Add
			Remove
			□Change
	·····		□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If	e date, if other than the date of filing: 12-4-2020 (optional) tive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
the record cord is filed	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 l.
Dated _	12-4 2020
	Signature of a member or authorized representative of a member
	The state of a member of authorized representative of a member