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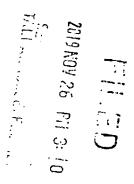
| (Requestor's Name) |
|---|
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| | tration Secti on of Corpo | | | | |
|------------------|------------------------------|---|---|--------------------|---|
| | | LANDING AVIATION, LL | .C | | |
| SUBJECT: _ | | Name of Limit | ted Liability Company | | |
| The enclosed A | articles of Ar | nendment and fee(s) are subm | nitted for filing. | | |
| Please return al | l correspond | ence concerning this matter to | o the following: | | |
| | | Quin Breland | | | |
| | | | Name of Person | | |
| | | Breland Law, LLC | | | |
| | | | Firm/Company | | |
| | | 4210 Bienville Street | | | |
| | | | Address | | |
| | | New Orleans, LA 70119 | | | |
| | | | City/State and Zip Code | | |
| | | qbreland@brelandlawlic.con | | | |
| | | E-mail address: (to | be used for future annual re | port notification) | |
| For further info | rmation con | cerning this matter, please cal | li: | | |
| Quin Breland | | | 601 988- at () | 4284 | |
| | Name of P | erson | Area Code | Daytime Telepho | one Number |
| Enclosed is a ch | heck for the | following amount: | | | |
| ■ \$25.00 Filin | ng 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Commerce Aviation, LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records, ited Liability Company) | .) |
| he Articles of Organization for this Limited Liability Comp | pany were filed on 5/1/2002 | and assigned |
| lorida document number L02000010508 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | liability company here: | |
| OMMERCE LANDING AVIATION, LLC | | |
| he new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | S) | |
| | | |
| | | 201 201 |
| nter new mailing address, if applicable: | 4210 Bienville Street | ZO19 NGV |
| Mailing address MAY BE A POST OFFICE BOX) | New Orleans, LA 70119 | (NO TT: |
| • | | 5 |
| | | |
| . If amending the registered agent and/or registere | d office address on our records, | enter the name of the |
| gistered agent and/or the new registered office address | here: | . · |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| registered office reduces. | Enter Florida street address | |
| | . Flor | rida |
| · | City | 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> | Type of Action |
|--------------|--------------|-----------------------|----------------|
| MGR | Quin Breland | 4210 Bienville Street | Add |
| | | New Orleans, LA 70119 | Add |
| | | | □ Remove |
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| an effec <u>ote:</u> It | e date, if other than the date of filing: 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a it's effective date on the Department of State's records. |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. |
| ated _ | ctober 3 . 2019 |
| | / / |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00