## L06000071452

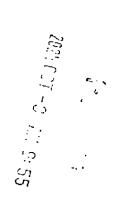
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SHRIFCI	Flight Train	ning Professionals LLC			
aonare i	·	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	irn all correspo	ondence concerning this matter	to the following:		
		David H. Abrams, B.C.S.			
		·	Name of Person	<del></del>	
		David H. Abrams, B.C.S.	Law Office		
		· · · ·	Firm/Company	<del></del>	<del></del>
		200 N. Thornton Avenue			
			Address		<del></del>
		Orlando, FL 32801			
		-	City/State and Zip Code		
		service@dabramslaw.com		•	
		E-mail address: (	to be used for future annual	report notification	1)
For further	r information c	oncerning this matter, please ca	all:		
David H.	Abrams		407 38.	5-0529	
	Name o	f Person	at () Area Code	Daytime Felep	Phone Number
Enclosed i	s a check for th	ne following amount:			
<b>≡</b> \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R	lailing Addres	Section	<u>Street Ac</u> Registra	<u>Idress:</u> ation Section	
	ivision of C .O. Box 632			n of Corporat atre of Tallah	
1		• •	THE CEI	accor randii	\$\$.137% <b>\$</b>

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Flight Training Professionals LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	nv as it now appears on our records.) Liability Company)	
	iability Company	were filed on 7/18/2006	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	sility company here:	
Legacy Flight Training Professionals LLC			<b>C</b> 3
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "LIEU."
Enter new principal offices address, if applic	able:	6185 Pickwick Road	
(Principal office address MUST BE A STREE	T ADDRESS)	Tallahassee, FL 32309	1 (.)
			,
			Ö
Enter new mailing address, if applicable:		6185 Pickwick Road	<u>a</u>
(Name of the Limited (A)  The Articles of Organization for this Limited Liab Florida document number L06000071452  This amendment is submitted to amend the follow  A. If amending name, enter the new name of the	BOX)	Tallahassee, FL 32309	
agent and/or the new registered office addres		address on our records, <u>enter the</u>	name of the new registered
	7 105 bi danial	D 1	
New Registered Office Address:	6185 Pickwick	Enter Florida street address	· · · · · ·
	Tallahassee		la 32309
	· ·	City . FIOT10	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	l Agent.	Signature of New	Registered	Agent

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	□Remove
			□Change
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neffective date, if other than the date must ote: If the date inserted in this blooms.	be specific and car ck does not meet	mot be prior to d table applicable	late of filing or n e statutory filin	ore than 90 days after g-requirements, thi	r filing.) Pursuant to 6 s date will not be li	05.0207 isted as
cument's effective date on the Dep						
ecord specifies a delayed effective	date, but not an	effective time	, at 12:01 a.m.	on the earlier of: (b	o) The 90th day at	ter the
is filed.						
	-	2024				
October 1	-					
RedSigned by:	, <i>.</i>		•			
Signed by:	· -		•			
Signed by:	Signature of a men	nber or authoriz	ed representative	of a member		

Filing Fee: \$25.00