

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

Divi	sion of Corp	orations	·			
SUBJECT:	мібнту м	OUSE AVIATION LLC				
SUBJECT:		Name of Limi	ted Liability Company	_		
The enclosed	Articles of A	mendment and fee(s) are subt	mitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		FRANCESCA TENEBRU	SO-BALL			
			Name of Person			
			Firm/Company			
		3717 BOWDEN CIR E				
Address						
		JACKSONVILLE, FL 322				
		FTBJAX@COMCAST.NE	City/State and Zip Code T			
		E-mail address: (t	to be used for future annual report notification)	- -		
For further information concerning this matter, please call:					()	
FRANCESC			904 737-4975 at ()			
	Name of	Person	Area Code Daytime Telephone Nur	nber		
Enclosed is a	check for the	e following amount:		:	<i>i</i> .≥ = = = = = = = = = = = = = = = = = = =	. 7
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee ficate of Stat fied Copy ional copy is end	lus &	<i></i>

MAILING ADDRESS:

Registration Section

TO:

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

MIGHT MOUSE AVIATION

(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L Florida document number L07000085124	iability Company were filed on 8	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company	here:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
m e de de l'éculture		
Enter new mailing address, if applicable:	P()V)	
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered o		on our records, enter the name of the new
New Registered Office Address:	97116 ARNOLD RIDGE DRIV	″E <⊃
	Enter F	lorida street address
	YULEE	Florida $\frac{32097}{27.6}$
New Registered Agent's Signature, if changing	City Registered Agent:	Zip Code
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of istered agent as provided for in registered office address, I here change.	Chapter 605, F.S. Or, if this document is

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			☐ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			□-Add
			, ☐ Remove
			≥ Change
			□ Add
		4	Remove
			□ Change

		
		
		
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	(13)	
	(optional)	: 1
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n effective 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	
n effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant tequirements, this date will not be	e listed-a
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Filing Fee: \$25.00