L10000040135

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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

	DUNTY FLIGHT TRAINING,	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub indence concerning this matter		
r rease return an correspo	materice concerning this matter	to the toffowing.	
	Muralidharan Nair		
		Name of Person	
	North County Flight Traini	ing, LLC	
		Firm/Company	
	11610 Aviation Road Suite	: A2	
		Address	
	WEST PALM BEACH, FI	. 33412	
	· , , , , , , , , , , , , , , , , , , ,	City/State and Zip Code	
	murali@aamrogroup.com	to be used for future annual report notif	īcation)
For further information e	oncerning this matter, please ca	•	icanoni
Muralidharan Nair		561 418 0401	
Name of Person		Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Sec	ction
Division of C	orporations -	Division of Corp	porations
P.O. Box 632	. /	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 11 12 12 OF

2023 JUN 16 AM 6: 56

If Changing Registered Agent, Signature of New Registered Agent

NORTH COUNTY	FLIGHT TRAINING, LLC	

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	vas it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number 1.10000040135	vere filed on 04/14/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
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 ad	dress on our records, enter the name of the new registeree
agent and/or the new registered office address here:	tares on our records, emer the name of the new registered
Name of New Registered Agent:	
New Registered Office Address	
7	Enter Florida street address
	, Florida
	Cuy Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Nair. MURALIDHARAN	Revathi Kailas East Gate VaironKerala, LIN 686141	IN □Add
			_ □Remove
		AMBR	= Change
MGR	Barry Loomis	11610 Aviation RoadSuite A2WEST PALM BEACH	≣ Add
			□Remove
			□Change
			□Add
			□Remove
			_ □Change
			_ DAdd
			□Remove
			_ □Change
			□Add
			_ □Remove
			_ □Change
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			□Remove
			□Change

ffective date, if other than the date of filing: (optional)	Added Barry Loomis as a MC	ir ·			
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Dated June 13th 2023 Signature of a member or authorized representative of a member	locument's effective date on the De	partment of State's record	8.	•	
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Filing Fee: \$25.00