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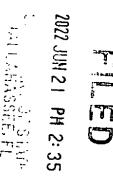
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COVER LETTER

TO: Registration So Division of Co					
	RF FL	ORIDA, LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Daniel Ayzenberg CPA, Esq.			
		Name of Person	for filing. following: iel Ayzenberg CPA, Esq. Name of Person Firm/Company 64 Miller Road 1 Address adson, NY 12534 (State and Zip Code iel@cpa-esq.com ed for future annual report notification) at (718 / Area Code) Daytime Telephone Number S55.00 Filing Fee & Certificate of Status &		
		Firm/Company			
	164 Miller Road 1				
		Address		202	
Hudson, NY 12534				ال 2 الليانية	
		City/State and Zip Code	-	H 21	
	E-mail address:	(to be used for future annual report notific	ration)	isse 📜	
For further information of	concerning this matter, please o	all:		72:3	
Daniel Ayzenberg CPA,	Esq.			ဘိ	
Name o	of Person		Felephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	e of Status & Copy	
Mailing Address Registration S Division of C	Section Corporations	Registration Section Division of Corporation	orations		
P.O. Box 632 Tallahassee. 1		2415 N. Monroe		10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kr 1	LORIDA, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appea lited Liability Company)	rs on our records.)		
he Articles of Organization for this Limited Liability Complorida document number $\frac{L12000117808}{L12000117808}$.	oany were filed on	09/14/2012	and ass	signed
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :		
Royal Antler Aviation Company, LLC				
he new name must be distinguishable and contain the words "Limited	Liability Company," the c	designation "LLC" or	the abbreviation "L	L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES.	<u> </u>		022	
			- <u>`</u>	η
			21	
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		-		O
ranng auaress mar be arrows of the boxy			<u> </u>	
s. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our r	records, <u>enter the</u>	name of the new	v registo
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	rida street address		
New Registered Office Address:	Enter Flo	rida street address , Florid	aZip Code	

If Changing Registered Agent. Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

'MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
		·	□Remove
			□Change
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			LEC hange
			Hange September 1
			SSE Remove
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Effectiv	re date, if other than the	ie date of filing: _			(optio	nal)		
Note: I	ctive date is listed, the date m f the date inserted in this nt's effective date on the	block does not mee	t the applicable	te of filing or more t statutory filing re	han 90 days after f quirements, this	iling.) Pursuc date will no	mt to 605.0 of be listed	0207 (3 d as th
	ord specifies a delay 90th day after the re		e, but not ar	effective time	e, at 12:01 a.	m. on the	e earlie	r of:
Dated	June 14th	:	2022					
		Signature of a men	nber or authorize	representative of a	member			

Typed or printed name of signee