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CUD IE		Legacy Ain	ways, LLC.						
SUBJEC	L1; ₋	Name of Limited Liability Company							
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn a	ıll correspo	ndence concerning this matter	to the following:					
			Daryl G. Hicks						
				Name of Person					
			LEGACY AIRWAYS, LL	С					
				Firm/Company	***************************************				
			3600 Drane Field Rd						
				Address					
			Lakeland Florida 33811						
				City/State and Zip Code					
			Daryl@Flylegacy.com	to be used for future annual report notifi	cation				
For furth	ner inf	ormation co	oncerning this matter, please co	·	Carring				
Daryl G.	. Hick	is.		863 286-5936					
		Name of	Person	at () Area Code Daytime	Telephone Number				
Enclosed	l is a	check for th	e following amount:						
\$25.0	00 Fil	ing 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

LEGACY AIRWAYS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/28/2012}{1}$ and assigned Florida document number $\frac{L12000148980}{L12000148980}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Name	Address	Type of Action
MGR	Paul Kraus	5901 W. Century Blvd. Suite 1410	= Add
		Los Angeles CA 90045	□ Remove
			☐ Change
			
			□ Remove
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ctive date, if other than the date	e of filing: 06/01/2018	(optional)	
effective date is listed, the date must be s	specific and cannot be prior to date of filin	ng or more than 90 days after filing.) Pursua	ant to 605.02
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ecord specifies a delayed eff	ective date but not an effect	tive time, at 12:01 a.m. on th	e earlier
ne 90th day after the record	is filed.	ave time, at 12.01 a.m. on th	e carner
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00