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Registration Section Division of Corporations

Tallahassee, FL 32314

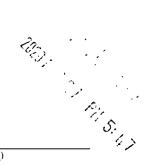
TO:

	Service LLC				
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Johannes Podhragy				
	<u>.</u>	Name of Person			
	FlightScan Corporation				
		Firm/Company	g: Person Inpany I Zip Code Iture annual report notification) Person Daytime Telephone Number Filing Fee & S60.00 Filing Fee. Certificate of Status & Certificate of Status &		
	200 Aviation Drive N #2				
		Address	· · · ·		
	Naples, FL 34104				
		City/State and Zip Code			
	office@fltscan.com				
			(fication)		
For further information c	oncerning this matter, please or	all:			
Johannes Podhragy		832 290 3188			
Name of Person		Area Code Daytin	ne 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)	Certificate of Status & Certified Copy		
Mailing Address			ection		
Registration Section Division of Corporations					
P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FlightScan Service 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 July 23, 201-	and assigned
Florida document number L14(00115711)		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Stromkind L1.C		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	200 Aviation Drive N #2	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34104	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	Z19	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	хір Соас
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	es, and I am familiar with and 605, F.S. Or, if this document is
If Chap	iging Registered Agent, <u>Signat</u>	ture 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 Type of Action Title Name <u>Address</u> _____ □Remove □Add ____ □Remove _____ Change _____ □Remove ☐ Change □Remove _____ Change □Remove ______ □Change _____ □Add _____ □Remove

_____ Change

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n effective dat <u>te:</u> If the da	e is listed, the date to te inserted in this	the date of filin must be specific and s block does not i e Department of S	d cannot be prior meet the applic	r to date of fili cable statutor	ng or more than		ing.) Pursuant to	
cord specifics filed.	es a delayed effe	ctive date, but not	t an effective t	ime, at 12:01	La.m. on the c	arlier of: (b)	The 90th day a	ilter the
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ted	1060	<u> </u>	. <u>Z</u>	<u> </u>		//		
			//	1	(1			
		Signature of a	merioer or auth	iorized represo	intative of a me	mber		-

Filing Fee: \$25.00