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COVER LETTER

TO: Registration Se Division of Cor			
FLIGHTW SUBJECT:	'AY 9, LLC		
SUBJECT.	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subm	-	
Please return all correspo	ondence concerning this matter t	o the following:	
	HAYDEE CEBALLOS, CI	PA	
		Name of Person	
	CEBALLOS CEBALLOS	BESTULICH & PADRON LLC	
		Firm/Company	
	890 SOUTH DIXIE HIGH	WAY	
	-	Address	
	CORAL GABLES, FL 331	46	
	HCEDALLOS OCCUDA CON	City/State and Zip Code	
	HCEBALLOS@CCBP-CPA E-mail address: (to	o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	11:	
HAYDEE CEBALLOS	, CPA	305 381-0825	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 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

FLIGHTWAY 9, LLC					
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)				
The Articles of Organization for this Limited Liability Con Florida document number L14000175513	mpany were filed on NOVEMBER 11, 2014	and as	signed		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
INVESTMENT FLW 9, LLC					
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	abbreviation "L	L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)	2015 FAL	· · · · · · · · · · · · · · · · · · ·		
		<u>΄΄</u>	146		
			CENTRE:		
Enter new mailing address, if applicable:		1887 1487 14	7834		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	A A A A A A A A A A A A A A A A A A A		
Manual address MAT BE AT OST OFFICE BOAT		2.5.4	, 25.T .		
B. If amending the registered agent and/or registe	ered office address on our records, enter	r the name			
registered agent and/or the new registered office addre		the name	or the new		
Name of New Registered Agent:		 			
New Registered Office Address:					
	Enter Florida street address				
	. Florida	Florida			
	City	Zip Code			

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



MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove Offiange Add ₹ □ Remove _□ Change _ Add ☐ Remove ☐ Change

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