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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status
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Special Instructions to Filing Officer.

Office Use Only



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COVER LETTER

.oirsection a of Corporations

CT:	STILE AVIATION LLC			
	Name of Lam	ited Liability Company		
Γhe enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DONALD SCATTERGOO	OD		
		Name of Person		
		Firm/Company		
	9076 Bernini Place			
		Address		
	Sarasota, FL 34240			
	dscattergoxd@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notif	fication)	
For further information c	concerning this matter, please co	all:		
DONALD SCATTERGO	OOD	609 332-8364 at (
Name o	of Person		e 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)	Certified	e of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

_____ and assigned

	SA	NDC	ASTI	.E AV	TATION	LLC
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The Articles of Organization for this Limited Liability Company were filed on $\frac{12/12/2014}{1}$

This amendment is submitted to amend the following:				
t instantendment is submitted to amend the following.				
A. If amending name, enter the new name of the limited	d liability company here	:		
SANDCASTLE DIGITAL, LLC				
The new name must be distinguishable and contain the words "Limited	I Liability Company," the design	gnation "LLC" or the ab	breviation	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>		20	
			23 A	
		7.7	S.	l (
Enter new mailing address, if applicable:			29	
•		ord:	A	
(Mailing address MAY BE A POST OFFICE BOX)			ص :	
		<u></u>	မှ	
agent and/or the new registered office address here:	ffice address on our reco N/A	ords, <u>enter the nam</u>	e of the	new register
agent and/or the new registered office address here:		ords, <u>enter the nam</u>	e of the	new register
agent and/or the new registered office address here:	N/A		e of the	new register
Name of New Registered Agent:	N/A	ords, <u>enter the nam</u>	e of the	new register
Name of New Registered Agent:	N/A Enter Florida			
Name of New Registered Agent: New Registered Office Address:	N/A Enter Florida City	street address		
Name of New Registered Agent: New Registered Office Address:	N/A Enter Florida City	street address		
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of the registered agent and provisions of merely reflect a change in the registered of the registered of the registered agent and provisions of merely reflect a change in the registered of the registe	City Agent: d agree to act in this cap aplete performance of my at as provided for in Cha office address, I hereby	street address, Florida pacity. I further agree of the page of the	Zip Co ree to co amiliar if this de	omply with the with and ocument is
Name of New Registered Agent:	N/A Emer Florida City Agent: d agree to act in this cap aplete performance of my at as provided for in Cha	street address, Florida pacity. I further agree of the page of the	Zip Co ree to co amiliar if this de	omply with th with and ocument 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:

N/A

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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ective date, if o	ther than the date o	of filing:		(optiona	D.
effective date is lis	ted, the date must be spe	cific and cannot be pri	or to date of filing or me	ore than 90 days after filing requirements, this da	ig.) Pursuant to 605,020
	date on the Departme			, . ,	
cord specifies a d s filed.	elayed effective date.	but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
August 23		2023			
	~ 10				

Typed or printed name of signee