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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co.	rporations		
Sheltair Av	viation Ocala, LLC	••	en Terres
SUBJECT: "	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dena Auletto		
		Name of Person	
	Saavedra-Goodwin		
		Firm/Company	
	312 S.E. 17th Street, 2nd I	Ploor	
		Address	
	Fort Lauderdale, FL 33310	Ś	
		City/State and Zip Code	
	dauletto@saavlaw.com		
	E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
Dena Auletto		954 767-6333	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Oddaw	N.	O	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sheltair Aviation Ocala, 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 02/172015 Florida document number L15000029484 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>	<u>Name</u>	<u>Address</u>	Type of Action
COO	Warren D. Kroeppel	4860 N.E. 12th Avenue	
		Fort Lauderdale, FL 33334	_
			□Change
			□Remove
			□Change
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(If an effective date is I Note: If the date ir	other than the date of fill listed, the date must be specific nserted in this block does no ve date on the Department of	and cannot be prior to of meet the applicab	date of filing or more than sile statutory filing require	(optional) 0 days after filing.) Pursual ments, this date will no	nt to 605.0207 (3)(1 t be listed as the
he record specifies a ord is filed.	delayed effective date, but	not an effective tim	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th o	lay after the
Dated	igust5	2020)		
16	TO WAS	Vaco V			
	Signature of	if a member or authori	zed representative of a men	her	

Filing Fee: \$25.00