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PICK-UP WAIT MAIL
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(Business Entity Name)
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COVER LETTER

Central I	Florida Maintenance & Air LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Jemiah Whiting				
		Name of Person			
	Central Florida Maintenan	ce & Air LLC			
Firm/Company					
	PO BOX 6				
	Address				
	Intercession City, Fla				
		City/State and Zip Code	 :		
	mannaairllc@gmail.com				
Con Conthon in Communica		to be used for future annual report notif	ication)		
roi iaithei miormano	n concerning this matter, please o	au.			
Jemiah Whiting		407 791-6457 at ()			
Nam	e of Person	Area Code Daytime	Telephone Number		
Enclosed is a check fo	r the 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:

TO:

Registration Section

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

Central Florida Maintenance & Air LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on June 4, 2015	and assigned
lorida document number L15000097589	<u>_</u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
funna Air LLC		
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		<u> </u>
ntan nam mailing address if anniantly		
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
		·
. If amending the registered agent and/or regist		enter the name of the
egistered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		·
New Registered Office Address:		
rea registered office reduces.	Enter Florida street address	
	Plant	
	, r ion	da 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ ∧dd
			Remove
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			□ Remove
			Change
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			► □ Change
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_□ Change

	other changes other th	nan name of com	pany to be made.				
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ettect <u>e:</u> If	ive date is listed, the date the date inserted in thi	must be specific ar is block does not	nd cannot be prior to one meet the applicable	late of filing or more that e statutory filing requ	n 90 days after f irements, this	iling.) Pursua date will no	nt to 605.6 t be liste
	t's effective date on the	e Department of	State's records.				
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Filing Fee: \$25.00