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COVER LETTER

	Registration : Division of Co			
SUBJEC		vheels, LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	
The enclo	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	condence concerning this matter	to the following:	
		Nathaniel Soucia		
			Name of Person	
		Just Tailwheels, LLC		
			Firm/Company	
		1300 Airport Drive	Name of Person Firm/Company Address City/State and Zip Code (to be used for future annual report notification)	
			Address	
		Quincy, F1, 32352		
			City/State and Zip Code	
		nate.soucia@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information	concerning this matter, please c	all:	
Nathanie	4 Soucia			
	Name	of Person		ne Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addre			ution
	_	Section Corporations		
ŀ	O. Box 63:	27		
7]	l'allahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just Tailwheels , LLC		
(<u>Name of the Limited Liability</u> (A Florida	(Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/02/2015	and assigned
Torida document number 1.15000168254		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
		202
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" o	r the abbreviation "L.I. C."
inter new principal offices address, if applicable:		2 2
Principal office address MUST BE A STREET ADDRI	<u> </u>	
nter new mailing address, if applicable:		~~ -
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new regist
en and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	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 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>	Name	Address	Type of Action
MGR	Brodic Smithe	3662 Flat Rd	≣ Add
		Tallahassee, FL 32303	□Remove
			🗖 Add
			□Remove
			□Change
			□ Add
			□Remove
		-	□Change
			🗀 Remove
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ective date, if other than the date freelive date is listed, the date must be: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the appli	icable statutory filing	(option: ore than 90 days after fil g requirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed as
cord specifies a delayed effective of filed.	late, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
June 20th				