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TO:

Registration Section
Division of Corporations

COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	CHRISTINA E. MACNEI	L	
		Name of Person	
	LAND & AIR COMPANY	/, LLC	
		Firm/Company	
	PO BOX 11101		
		Address	
	PENSACOLA, FL 32524		
		City/State and Zip Code	
	CHRISTINA@CHRISTINA	AMACNEIL.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
CHRISTINA E. MAC	NEIL .	850 434-2400	
Name	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	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:

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

LAND & AIR COMPANY, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	nny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number L16000059235	iability Company	were filed on $\frac{03/17/20}{}$	16	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designa	tion "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applic	cable:	945 W MICHIGAN A	VE, SUITE 5B	
Principal office address MUST BE A STREET ADDRESS)		PENSACOLA, FL 32	505	<u> </u>
Enter new mailing address, if applicable:		PO BOX 11101		16 SEP 21
(Mailing address MAY BE A POST OFFICE BOX)		PENSACOLA, FL 32	524	21 AH S
B. If amending the registered agent and registered agent and/or the new registered o	or registered o	ffice address on our re:	records, enter (to make of the no
Name of New Registered Agent:	ABACUS ACC	COUNTING & BUSINE	SS SERVICES	
New Registered Office Address:	945 W MICHI	GAN AVE, SUITE 5B		
		Enter Florida str	eet address	
·	PENSACOLA		, 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

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

Title Name Address Type of Action

Add
Remove

Change

Add

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