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COVER LETTER

TO: Registration S Division of Co					
	Aviation LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	John Konstanzer				
		Name of Person			
	Elevation Aviation LLC				
		Firm/Company			
	3101 Port Royale Blvd. #815				
		Address			
	Fort Lauderdale, Florida 33	3308			
	J.T.Konstanzer@gmail.com	City/State and Zip Code			
	E-mail address: (t	to be used for future annual report notif	ication)		
For further information	concerning this matter, please ca	all:			
John Konstanzer		404 889-0398			
Name	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

Elevation Aviation LLC					
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abb	reviation "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 off registered agent and/or the new registered office address here		he name of the			
Name of New Registered Agent:	 				
New Registered Office Address:	Enter Florida street address				
	, Florida	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	West of the second seco				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am fa covided for in Chapter 605, F.S. Or, i	miliar with and f this document is			

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>	Address Type of Action
MGR	John Konstanzer	Address 2101 Port Reyale 13vd. #815 Type of Action Fert Landerdale, FL 33308
		Change
		Remove
		Change
		Remove
		Change
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		☐ Change

	
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fili	(optional)
ite: If the date inserted in this block does not meet the applicable statuto.	ry filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
	tive time at 12:01 a.m. on the parlier of
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The 90th day after the record is filed.	

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Filing Fee: \$25.00