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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SODL & INGRAM PLLC

Account Number : I20190000071 Phone : (904)257-5777 Fax Number : (904)347-2738

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rob@xtreme-wings.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XTREME WINGS II LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

XTREME WINGS II LLC		
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited L Florida document number <u>L17000048496</u>	iability Company were filed on _	03/01/2017 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  mited Liability Company were filed on 03/01/2017 and assigned 3496  the following:  name of the limited liability company here:  Itain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." if applicable:  STREET ADDRESS)  STREET ADDRESS)  and/or registered office address on our records, enter the name of the new registered e address here:  EMS HOLDINGS LLC  12220 ATLANTIC BLVD., SUITE 108	
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 application		<b>N</b>
(Principal office address MUST BE A STREI		•,
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		in the second
	<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of the new registered
Name of New Registered Agent:	KMS HOLDINGS LLC	
New Registered Office Address:		TTE 108  forida street address
	JACKSONVILLE	, Florida <u>32225</u>

## 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.

City

Andrew M. Sodl, as authorized representative If Changing Registered Agent, Signature of New Registered Agent

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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>Titie</u>	<u>Name</u>	Address	Type of Action
MGR	SOURDIFF, KULLEN T	12220 ATLANTIC BLVD.	
		JACKSONVILLE, FL 32225	<b>≡</b> Renюve
			☐Change
MGR	GROUP, ROBERT R	12220 ATLANTIC BLVD.	□Add
		STE 108	≣Remove
		JACKSONVILLE, FL 32225	☐ Change
MGR	CORNEAU, KATHLEEN A	12220 ATLANTIC BLVD	
		STE 108	Remove
		JACKSONVILLE, FL 32225	Change
MGR	KMS HOLDINGS LLC	12220 ATLANTIC BLVD.	≅Add
		SULLE 108	□Remove
		JACKSONVILLE, FL 32225	Change
**************************************			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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e recor rd is fi	rd specifies a delayed effective dilled.	ate, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
Date	SEPTEMBER 10	2020			
<b>Daici</b>	1000	! <u></u>	. <u></u> ·		
	15/06		thorized representative of a		

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