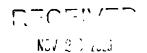
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| (Rec | uestor's Name) | |
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| (Add | lress) | |
| | | |
| (City | /State/Zip/Phon | e #) |
| | | |
| PICK-UP | MAIT | MAIL |
| | | |
| (Bus | siness Entity Nar | me) |
| | | |
| (Doc | cument Number) | |
| · | · | |
| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | Filing Officer: | |
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Office Use Only



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11/24/20--01012--010 **25.00

2020 NOV 21 PH 12: 58

1/11/2

COVER LETTER

| TO: Registratio Division of | n Section Corporations | ٠ ٧ | • |
|--------------------------------|---|---|---|
| | AVIATION LLC | • | |
| SUBJECT: | Name of Li | mited Liability Company | |
| The enclosed Article | es of Amendment and fee(s) are su | abmitted for filing. | |
| | espondence concerning this matte | | |
| | | | |
| | | Name of Person | |
| | | Firm/Company | |
| | | Address | |
| | | City/State and Zip Code | |
| For further informat | E-mail address: | (to be used for future annual report not | tification) |
| | | at () | |
| Na | me of Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a check | for the following amount: | | |
| ≅ \$25.00 Filing Fe | ce \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Ac | | <u>Street Address:</u> Registration Se | ection |
| • | on Section of Corporations | Division of Co | |
| P.O. Box | 6327 | The Centre of | |
| Tallahass | ee, FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Company as it now appears on our record mited Liability Company) | <u>s.</u>) |
|--|--|
| npany were filed on 12/21/2017 | and assigned |
| | |
| d liability company here: | |
| d Liability Company," the designation "LLC | " or the abbreviation "L.L.C," |
| | |
| <u>SS)</u> | 2070 |
| | 2020 HDY 24 PH 12: 58 |
| ffice address on our records, <u>enter</u> | the name of the new register |
| | |
| Enter Florida street addres. | s |
| E1. | orida |
| City | Zip Code |
| | d liability company here: I Liability Company," the designation "LLC SS) ffice address on our records, enter Enter Florida street address , Florida street address |

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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|-------------------------------------|----------------------|
| MGR | TIFFANY HAWK | 1412 Crystal Court | |
| | | 1412 Crystal Court Tavaves FL 32778 | ■Remove |
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| date, if other than the date of filing: 1.18.2020 ive date is listed, the date must be specific and cannot be prior to date of filing or more than the date inserted in this block does not meet the applicable statutory filing required is effective date on the Department of State's records. | 90 days after filing.) Pursuant to 605.0207 |
| pecifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the eat. | arlier of: (b) The 90th day after the |
| Wovember 18 2020 | |
| Signature of a member of authorized representative of a mem | |

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Filing Fee: \$25.00