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COVER LETTER

Division of C				
Deadsticl SUBJECT:	Aerobatics LLC			
SUBJECT:	Name of Lim	nited Liability Company	 	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Michael Reindl			
		Name of Person	-	
	Tailsliders LLC			2
		Firm/Company		19
	4495-304 Roosevelt Blvd.	, Suite 166		
	·	Address		20
	Jacksonville, FL 32210			60 :9 RJ 21788 2178 JG 3
	mjrcindl@gmail.com	City/State and Zip Code		60 190 190 190 190 190 190 190 190 190 19
	E-mail address: (to be used for future annual report notif	ication)	·
For further information	concerning this matter, please c	all:		
Michael Reindl		920 973-2317		
Name	of Person		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 For Certificate of Societified Copy (additional copy is	Status &

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

Deadstick Aerobatics LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited I Florida document number L18000061145	Liability Company	were filed on $\frac{\text{March 8, 201}}{\text{March 8, 201}}$	8	_ and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
Tailsliders LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	dity Company," the designation	"LLC" or the abbre	viation "L.L.C."	_
Enter new principal offices address, if appli	cable:	4495-304 Roosevelt Blvd.	. Suite 166		
(Principal office address MUST BE A STREA		Jacksonville, FL 32210			_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	1/or registered o	4495-304 Roosevelt Blvd. Jacksonville, FL 32210 ffice address on our recee:		e name of the	- A Figo
Name of New Registered Agent:					_
New Registered Office Address: 4495-3		sevelt Blvd., Suite 166			_
		Enter Florida street a			
	Jacksonville	City	_, Florida <u>32210</u>	Zip Code	_
No. 10 miles and 4 miles Circumstance (Cale and Circumstance)	Duringunal Amora			z.ip Coae	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg	per and complete	performance of my dutie.	s, and I am fam	iliar with and	

If Changing Registered Agent, Signature of New Registered Agent

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
			□ Add
			☐ Remove
			☐ Change
			Add
		 	☐ Remove
			Change
			Add
			□ Remove
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f an eff Note:	flective date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable state ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an ef e 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of
Dat of	January 4 , 2019	
Jaicu	min	
	Signature of a member or authorized rep	presentative of a member

Page 3 of 3

Filing Fee: \$25.00