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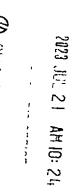
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S. ROBERTS JUL 2 4 2023

## CORPORATE ACCESS, \_\_

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INC.

 $236\ East\ 6th\ Avenue.\ Tallahassee,\ Florida\ 32303$  P.O. Box 37066 (32315-7066)  $\sim$  (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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	JETASAP, LLC (CORPORATE NAME AND DOCUME	MENT #)	<u></u> .
• _	(CORPORATE NAME AND DOCUM	MENT #)	
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	(CORPORATE NAME AND DOCUM	MENT #)	
PECIAL			

#### **COVER LETTER**

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end ice	JETASAP.	LLC		
SUBJEC	.1:	Name of Lin	nited Liability Company	•
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  N. DWAYNE GRAY, JR., ESQUIRE  Name of Person  ZIMMERMAN, KISER & SUTCLIFFE, P.A.  Firm/Company  315 E. ROBINSON STREET, SUITE 600  Address  ORLANDO, FLORIDA 32801  City/State and Zip Code  DGRAY@ZKSLAWFIRM.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jessica Snyder, Corporate Paralegal  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  GRAY @ S55.00 Filing Fee				
Please re	turn all correspo	ondence concerning this matter	to the following:	
		N. DWAYNE GRAY, JR.	, ESQUIRE	
			Name of Person	_
		ZIMMERMAN, KISER &	SUTCLIFFE, P.A.	
			Firm/Company	nort notification)
		315 E. ROBINSON STRE	EET, SUITE 600	
			Address	<del></del>
		ORLANDO, FLORIDA 3	2801	
			City/State and Zip Code	
		<del>-</del>		<b></b>
For furth	er information c		·	
Jessica S	nyder, Corporat	te Paralegal		
	Name o	f Person		per
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee		Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	cate of Status & ed Copy
_	Mailing Addres Registration S	<del></del>	Street Address: Registration Section	
	Division of C	orporations	Division of Corporations	
	P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

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

JETASAP, LLC			
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 03/15/2018	and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:		315 E ROBINSON STREET, STE 600	20
Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FLORIDA 32801	نبر · د ،
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		315 E ROBINSON STREET. STE 600	
		ORLANDO, FLORIDA 32801	=
s. If amending the registered agent and/or in gent and/or the new registered office addre		address on our records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	N. DWAYNE GRAY, JR., ESQUIRE		
New Registered Office Address:	315 E ROBINS	SON STREET, STE 600	
		Enter Florida street address	·
	ORLANDO	, Florida <sup>3280</sup>	)1
		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.

M. Wwy.

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>	<u>Address</u>	Type of Action
MGR	LISA SAYER	315 E ROBINSON STREET, STE 600	□Add
		ORLANDO, FLORIDA 32801	□ Remove
MGR	MARK B. GOLDSTEIN	2700 N. MILITARY TRAIL, SUITE 130	□Add
		BOCA RATON, FL 33431	<b>■</b> Remove
			□Change
			□ Add
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Affective date, if other than the fan effective date is listed, the date must be a listed. If the date inserted in this blocument's effective date on the D	st be specific and cannot be proceed to the specific and cannot be proceed to the specific approach to the specific approach to the specific and the specific and the specific and the specific and cannot be proceed to the s	rior to date of tiling or mon dicable statutory filing	(optional) e than 90 days after filing.) Pursuant requirements, this date will not b	to 605.0207 ( e listed as t
record specifies a delayed effectiv d is filed.	e date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 90th day	y after the
luly 7	2023			
lated	<del></del>			
Pated July /	Lisa kief	— 'er Sayer		
Dated	Lisa kief Signature of a member or au	er Sayer uhorized representative of	a member	_

Filing Fee: \$25.00