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TALL ANASSEE FLORIDA

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COVER LETTER

TO:	Registration Sec Division of Corp			•
CIID I		RDER HOLDINGS, LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		SCHIMUN CAVIEZEL		
		TRANSBORDER AVIAT	Name of Person	
		7800 W OAKLAND PAR	FimvCompany K BLVD BLDG 3 306	
		SUNRISE FL 33351	Address	
		RAYD@DIROCCOCPA.C	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	ill:	
RAY	MOND M. DIROC	СО	954 358-4272 E	XT 0
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclo	sed is a check for th	e following amount:		
D3 (\$2	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

TRANSBORDER HOLDINGS, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v	vere filed on	09/01/2018	and assigned
lorida document number L18000208127			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabil	ity company her	<u>·e</u> :	
TRANSBORDER AVIATION HOLDINGS, LLC			
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the de	signation "LLC" or the a	<u>-</u>
Enter new principal offices address, if applicable:			Tr 8
Principal office address MUST BE A STREET ADDRESS)			
The part office and as 1700 1 22 1 (1112)	,		<u> </u>
			A 11
Satura and marking address of annihables			
Enter new mailing address, if applicable:	 	-	
Mailing address MAY BE A POST OFFICE BOX)		4.75 Car	<u> </u>
 If amending the registered agent and/or registered off 		our records, enter	the name of the
egistered agent and/or the new registered office address here	:		
Name of New Registered Agent:			
Name of the Registered Agent.	<u> </u>		
New Registered Office Address:	F.,, 27	1	
	Enter Flori	da street address	
		, Florida	
	City		Zıp 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.

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>	<u>Address</u>	Type of Action
MGR	SCHIMUN CAVIEZEL	7800 W OAKLAND PARK BLVD	
		BLDG C 306	
			Remove
		SUNRISE FL 33351	
			☐ Change
MGR	JOHN KEERY	416 ADIRONDACK COURT	
		_	= Add
		MARCO ISLAND	
			Remove
		FL 34145	
	JOHN GEMMELL	7800 W OAKLAND PARK	Change
MGR	JOHN GEMINELL	BLVD	Son an
		BLDG C 306	<u> </u>
			Signature N
		SUNRISE FL 33351	19
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