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DIVISION OF CHRECK ATION

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COVER LETTER

TO:	Registration Sec Division of Corp			
SURIFO	. MI	LLSWAY Name of Lim	MENSWEAR L	LC
SODSEC		Name of Lim	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspon	dence concerning this matter	to the following:	
		Just	IN MILLS	
			Name of Person	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		MILLIWAY	MENSWEAR LL Firm/Company	
			Firm/Company	(
		132 PARK	ROAD NORTH	
				Ž,
		ROYAL PAL	M BEACH FL City/State and Zip Code	33411
			. S y 561 @ gmail. c to be used for future annual report notif	
For furth	ner information co	ncerning this matter, please c		
				,
	SUSTEN		at (561) 543 Area Code Daytime	5 964
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	d is a check for the	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Se		Street Address: Registration Sec	etion
	Division of Ca		Division of Cor	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLSWAY MEN	SWEAR LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000221289</u> .	were filed on $\frac{09/18/2018}{\text{and assigned}}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
FLY ROUTE LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	29 5
(Principal office address MUST BE A STREET ADDRESS)	S 25.
	2 F
Enter new mailing address, if applicable:	Z O
(Mailing address MAY BE A POST OFFICE BOX)	2: Alam
	7 7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	dement is submitted to amend the following: Inding name, enter the new name of the limited liability company here: FLY ROSTE LLC The must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The principal offices address, if applicable: Office address MUST BE A STREET ADDRESS) The mailing address, if applicable: Office address MUST BE A STREET ADDRESS) The mailing address, if applicable: Office address MAY BE A POST OFFICE BOX) Office address MAY BE A POST OFFICE BOX) Office address may be a post office address on our records, enter the name of the new registered for the new registered office address here: Indian
1.00.1135.00.00.00.00.00.00.00.00.00.00.00.00.00	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Change Co
			PAGE
			PAdd RATION PARTY OF STATE PADD RATION PAD
			Change
			□Remove
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			Remove

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