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(Re	questor's Name)	
(Add	dress)	
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

то:	Registration Se Division of Cor			.	
cunic		nford Air Show, LLC			
SUBJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	endence concerning this matter	to the following:		
		Bryan Lilley			
			Name of Person		
		Central Florida Air and Sp	ace Show, LLC		
	Firm/Company				
		PO Box 360857			
			Address		
		Melbourne, Fl 32935			
			City/State and Zip Code		
		bryan@blilley.com	to be used for future annual report notif	tention)	
For furt	her information c	oncerning this matter, please co	·	Rationy	
Bryan I	Lilley		321 368-3808		
	Name o	f Person	at () 368-3808 Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne 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 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

Orlando Sanford Air Show, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Companies of Organization for this Liability Companies of Organization for this Liability Companies of Organization for this O	y were filed on 12/03/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Central Florida Air and Space Show, LLC		
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "LLC	O" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		- 13 2 Z
		ω m
) F. C. P.
Enter new mailing address, if applicable:		OHE 22
Mailing address MAY BE A POST OFFICE BOX)		177 —
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		s, enter the name of the
	-	
Name of New Registered Agent:	- 100 - 91	
New Registered Office Address:		
	Enter Florida street addre.	55
		orida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being at or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
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Effective date, if other than	the date of filing	05/20/2019 g:			(optional)		
f an effective date is listed, the dat Note: If the date inserted in the locument's effective date on the series of the locument of the locume	nis block does not n	neet the applica	ble statutory f	r more than 90 day ling requiremen	ts, this date wi	ursuant te ll not be	listed a
e record specifies a del The 90th day after the	ayed effective c record is filed.	late, but not	an effectiv	e time, at 12	:01 a.m. on	the e	arlier (
05/20 Dated		2019					
	 '	0	- 20	14.0			
		member or au no	MJ.4A	orw)			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00