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(Requestor's Name)
(Address)
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(Address)
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JUL 13 2019 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Co		•	
erin ir		VIATION LLC		
SUBJE	sC1:	Name of Lin	nited Liability Company	
The cn	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Carrie Christino		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	•
		Soho Capital, LLC		
			Firm/Company	
		701 S Howard Ave Ste 10	6-322	
		<u> </u>	Address	
		Tampa, FL 33606		
			City/State and Zip Code	
		Carrie@soho-capital.com		
		E-mail address: (to be used for future annual report notif	ication)
For furt	ther information c	oncerning this matter, please c	all:	
Carrie	Christino		813 557-4901 at ()	
	Name o	f Person	Area Code Daytimo	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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

(Name of the Li	mited Liability Company as it now (A Florida Limited Liability Con	appears on our records.)	
The Articles of Organization for this Limited Florida document number L19000010559	Liability Company were filed	on <u>01/09/2</u> 019	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability comp	any bere:	
The new name roust be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the abbrev	iation "LL.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		··	1 1 3
Enter new mailing address, if applicable:			(-)
(Mailing address MAY BE A POST OFFICE	E BOX)		
	·		
B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office addre office address here:	ss on our records, enter the	name of the new
Name of New Registered Agent:	David Koche		
New Registered Office Address:	601 Bayshore Blvd Ste 700		
	Ente	er Florida street address	
	Tampa	, Florida _33606	
	City		p Code

New Registered Agent's Signature, if changing Registered Agent:

TRU UP AVIATION LLC

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>	Address	Type of Action
AGENT	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, FL 33602	Add
			Remove
			Change
AREP	Charles Harper	100 N Tampa ST Ste 2700 Tampa, FL 33602	□ Add
		- <u>-</u>	■ Remove
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ocument s e	ffective date on the D	epartment of St	ate's records.				
e record s	pecifies a delayed	d effective d:	ate but not	an offoctive	stima ob 17	.01	At
	day after the rec	ord is filed.	oce, but not	. all cirective	: time, at 12	ciui a.m. on	the earlier o
The 90th	2019						
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