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SECRLIARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Air Up There LLC Name of Limited Liability, Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Audra Joseph Name of Person
The Air Up There LLC Firm/Company
1270 NW 187 St. Address
Miami Gardens, FL 33169 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Audra Joseph at (305) 300-7860 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\text{Certificate of Status}\$ \$\text{Certified Copy} - \text{Certified Copy} Certifi

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 Limited Liability Co	company as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L1900017445</u>	pany were filed on January 15, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability.company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	75. To 19.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on our records, enter the name of the new shere:
Name of New Registered Agent:	्र व्या
New Registered Office Address:	Enter Florida street address
e e e Pe	Florida
	City: Zip Code
New Registered Agent's Signature, if changing Registered Registere	.gent:

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if oth	er than the date o	f filing:		(optiona	.l)	
f an effective date is listed <u>Note:</u> If the date inser	I, the date must be spec ted in this block doe	rific and cannot be prior is not meet the applic	r to date of liling or more able statutory filing	re than 90 days after filir	ng.) Pursuant te	5 605,0207 () : fisted as tl
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