L19000103544

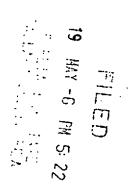
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	FB Aircraft	t Tenant LLC		
SUBJECT.		Name of Lim	ited Lishility Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indexice concerning this matter	to the following:	
		Sheryl Kass		
		Fontainebleau Developmer	Name of Person	
		19950 West Country Club (Firm/Company Drive, 10th Floor	
		Aventura, FL 33180	Address	
		skass@fbdev.com	Ciry/State and Zip Code	
For further in	nformation c	E-mail address: (to be used for future annual report notifi all:	cation)
Yessie Rod	riguez		305 682-4232	
	Name o	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fœ	S30.00 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:

TO:

Registration Section

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

FB Aircraft Tenant, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company w	vere filed on April 23, 2019	and assigned
lorida document number L19000103544		
his amendment is submitted to amend the following:		
L. If amending name, enter the new name of the limited liabili	ty company here:	
FB Aircraft Tenant LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u> 5
Principal office address MUST BE A STREET ADDRESS)		14. 15 T
		0 H
Enter new maffing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX		
		7 2
. If amending the registered agent and/or registered offi	ce address on our records,	enter the name of the
egistered agent and/or the new registered office address here:		
Name of Name Designand A		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	-
	rinter i tortaa street address	
	, Flori	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR =	Manager - Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			_ Change
			☐ Remove
			TO Add
			GRemove
			Change Citange
			Add
			□ Remove
			C Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change

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ctive date, if other than the date of filling:	(optional)
If the date inserted in this block does not meet the applicable	e statutory filing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not a	n effective time, at 12:01 a.m. on the earlier
e 90th day after the record is filed.	
. 1-4176	
Sheryl Kass Sheryl Kass	•
Akus (KAA	

Page 3 of 3

Filing Fee: \$25.00