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COVER LETTER

Registration Section

TO:

Division of Corp	orations			
SUBJECT: Add	Value Ar, LL	A	·····	
	Name of Limit	ed Liability Company		
		-		
 The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
	Kevin Herri	Name of Person		
	Add Value	Air LLC Firm/Company	2021 .	-ī
	913 SW 21 La	Address	2021 JUL 19 PH 2: 10 SECRETARY OF STATE STAIL AHASSEE, FL	-
	Cape Coral,	FL 33991 City/State and Zip Code © 9 mail. com to be used for future annual report notif	PH 2: 1	į
	paracolvef E-mail address: (t	@ gmail.com	ication)	
For further information ec	oncerning this matter, please ca			
Kevin Herrin	<u> </u>	at (239) 321-1 Area Code Daytime	7.90	
Name of	Person	Mea Code Dayma	- Temphone Famous	
Enclosed is a check for th	e following amount:			
▼ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7 -	Street Address: Registration Se Division of Cot The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassec e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Add Value Air, LL	.C	
Add Value Air LL (Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on outed Liability Company)	<u>ır reçords.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L19000136842</u> .	any were filed on <u>5/2</u>	1/2019 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:	
Add Value Air & More The new name must be distinguishable and contain the words "Limited L	LLC	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2	TO TO THE TOTAL TOTAL TO THE TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1	ARY OF STATE
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		, Florida
	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.

It 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
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					□ Remove
					□Change
					□Add
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ned July 02	Signature of	a member or author	rized representan	ve gr/a member			

Filing Fee: \$25.00