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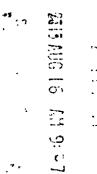
(Requestor's Name)
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## **COVER LETTER**

SUBJECT: Huaks	Air Repair 4	LLC	
30BJEC1	Name of Limite	LLC ed Liability Company	<u> </u>
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Olaaca ratum all carreenand	ence concerning this matter to	a the following:	
riease return an correspond	ence concerning this matter to	o the following.	
	Hogh	Thai Name of Person	
		Firm/Company	
	1985 Larksp	ur Circle Address	
	Pensacola, FL	32534 City/State and Zip Code a COGMAIL.com be used for future annual report notific	
	Hoghs Air Repa	be used for future annual report notific	ation)
For further information con-	cerning this matter, please cal	11:	
Name of P	erson	at ()	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 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

TO:

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** 

(A Florida Limited Lial (A Florida Limited Lial	bility Company	)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000154186</u> .	ere filed on _	6/20/19	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liability	Company," the	e designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			- E	
			7.1 60	
		_	···	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address (	on our records,	enter the name of the f	
			Ģ.	
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
	Enter Florida street address , Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe				

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Fitle</u>	Name	Address	<b>.</b>	Type of Action
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Effective	e date, if other than the date of fi	iling:	or to date of filing or mo	(optional) re than 90 days after filing.	) Pursuant to 605.0
Note: If	the date inserted in this block does not be effective date on the Department	ot meet the appli	cable statutory filing	requirements, this date	will not be listed
	rd specifies a delayed effectiv Oth day after the record is fil		ot an effective ti	me, at 12:01 a.m.	on the earlier
Dated	8/12/19	,			
	M	1/2	7		
	Signature	of a member or auti	horized representative of	of a member	

Page 3 of 3

Filing Fee: \$25.00