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COVER LETTER

TO: Registratio Division of	n Section Corporatio	ns			
subject: <u></u> <i>5</i>	WIFT	AIR Co	mited Liability Company	LLC	
The enclosed Article	s of Amendi	ment and fee(s) are st	ibmitted for filing.		
Please return all corr	espondence	concerning this matte	er to the following:		
		EMMAN	VEL LONCEPCI	non	
			Name of Person AR Company Firm/Company		C
		1421	BLUE CLOVE	er Lawe	
		WEST P.	Arm BEACH City/State and Zip Code	FL 334	15
	-	Mamy e E-mill address:	Swift Ac RL .C. (to be used for future annual repo	20M ort notification)	
		ng this matter, please			, Q
Ya Na	me of Person	ONCEPCION	at (<u>561)</u> 6 Area Code 1	Daytime Telephone i	Number
Enclosed is a check t	for the follow	ring amount:			
≱ \$25.00 Filing Fe		0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Ce 1) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Ad	dress:		Street Addre	<u> 2883 </u>	

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

22/3 20 3/2014 The Articles of Organization for this Limited Liability Company were filed on 97/15/2019 and assigned Florida document number <u>L 1 90</u>00181 355. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	GABRIEL A RAMOS	2923 VIA WIZCAYA	Ş £Add
		LAKE WORTH FL 3346	?/_ □Remove
			□Change
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(If an effec Note: If	The date, if other than the date of filing:	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the applicable statutory filing requirements, this date will not be listed as the records.
ne record : ord is filed		fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ora is met		
Dated	July 17	2024
	E A	202 4

*

Filing Fee: \$25.00