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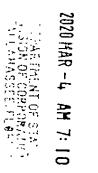
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Special Instructions to	Filing Officer:	
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MAR 2 4 2020 S. YOUNG

COVER LETTER

Registration Section Division of Corporations

TO:

RIDGELAN SUBJECT:	ID AVIATION SERVICES. L		o.
30D) (C1.	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing,	
Please return all correspon	ndence concerning this matter	to the following:	
	JOHN W. GALLAGHER		
		Name of Person	
	RIDGELAND AVIATION	SERVICES, LLC	
		Firm/Company	
	3510 RIDGELAND ROAI	D	
	Address		
	DAVIE, FL 33328		
		City/State and Zip Code	
	JWG1241@GMAIL.COM		
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
JOHN W. GALLAGHER		954 895-8368 at ()	
Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
€ \$25.00 Filing Fee	☐ \$30.00 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 S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Coo The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 \approx

RIDGELAND AVIATION SERVICES, LLC		22 -71
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	A TOTAL TOTA
The Articles of Organization for this Limited Liability Compa	any were filed on SEPTEMBER 23, 2019	and assigned
Florida document number L19000240475		20 and assigned T
This amendment is submitted to amend the following:		5
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
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 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>	<u>Name</u>	Address	Type of Action
AMBR	JOHN W. GALLAGHER	3510 RIDGELAND ROAD	≣ Ađd
		DAVIE, FL 33328	□Remove
			☐ Change
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			Remove
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ffecti	ve date, if other than the date of filing: (optional)
an eff	ve date, if other than the date of filing:
	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is til	ed.
intad	March 2 nd 2020
aicu	00
	- She The She
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00