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| ☐ PICK-UP | WAIT | MAIL |
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| Special Instructions to Filing | Officer: | |
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COVER LETTER

| | ision of Corp | | | | |
|----------------|------------------------------|---|--|---------------------|--|
| OUDIFOT. | | ATION LLC | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed | i Articles of a | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | |
| | | JAMES L. MALENKE | | | |
| | | | Name of Person | | |
| | | 29538 AVIATION LLC | | | |
| | | | Firm/Company | | |
| | | 722 AMELIA CIRCLE | | | |
| | | | Address | | |
| | | FERNANDINA BEACH E | FL 32034 | | 7.57 |
| | | | City/State and Zip Code | ** | 16.31 E.03. |
| | | JLMKC135@GMAIL.COM | | | |
| | | | to be used for future annual report no | otification) | · · · · · · · · · · · · · · · · · · · |
| For further i | nformation co | oncerning this matter, please ca | all: | | <u>.</u> |
| JAMES L. N | 4ALENKE | | 262 930-3841 at () | | <u>- </u> |
| _ | Name of | Person | | me Felephone Number | |
| Enclosed is | a check for th | e following amount: | | | |
| \$25.00 | Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |
| | iling Addres gistration S | | Street Address: Registration S | Section | |
| | - | orporations | Division of Co | | |
| P.0 | D. Box 632 | 7 | The Centre of | | |
| Ta | llahassee, F | FL 32314 | 2415 N. Mont | roe Street, Suite 8 | 10 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 29538 AVIATION LLC | | | | |
|--|---|---|--|--|
| (Name of the Limi | ited Liability Company as it now appears ((A Florida Limited Liability Company) | on our records.) | | |
| The Articles of Organization for this Limited L Torida document number L19000244365 | Liability Company were filed on 08/25 | and assigned | | |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liability company here | ¥ | | |
| The new name must be distinguishable and contain the Enter new principal offices address, if appli | | gnation "L.L.C." or the abbreviation "L.L.C." | | |
| • | | | | |
| Principal office address MUST BE A STRE | ET ADDRESSI | · · · · · · · · · · · · · · · · · · · | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE | <u></u> | | | |
| | | co | | |
| B. If amending the registered agent and/or agent and/or the new registered office address. | | ords, enter the name of the new regist | | |
| Name of New Registered Agent: | JAMES L. MALENKE | | | |
| New Registered Office Address: | 722 AMELIA CIRCLE | | | |
| · | Enter Florida street address | | | |
| | FERNANDINA BEACH | . Florida 32034 | | |
| | 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.

James L. Malenke

Stranging 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 |
|--------------|---------------------|--|-------------------|
| MGR | EDWARD C. BONNEY | | □Add |
| | | 207 SHERRY ROAD, LABADIE ROAD MO 63055 | 5 ≣Remove |
| | | | □ Change |
| MGR | JOHN DANIEL BLOEMER | 13 SPARKLEBERRY COURT, AMELIA ISLAND | FI ■∧dd |
| | | | □Remove |
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| tellective date is listed, the date in this | he date of filing: must be specific and cannot be prior to date o block does not meet the applicable stat | t ming of more than 90 days after inn | ng.) Pursuant to 605.02 |
| turnent's effective date on the | Department of State's records. | | |
| ecord specifies a delayed effects filed. | tive date, but not an effective time, at 1 | 2:01 a.m. on the earlier of: (b) | The 90th day after th |
| ted MAY 5 | . 2023 | | |
| | | | |
| 1 | | | |
| James L | Signature of a member or authorized rep | precentative of a member | |

Filing Fee: \$25.00