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SECRETARY OF STAFE.

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COVER LETTER

	tration Sec on of Corp			
SUBJECT: S	outheast Ae	10 of Florida LLC		
POBLOT.		Name of Lim	ited Liability Company	
The enclosed A	oneles of A	mendment and fee(s) are sub	mitted for filing.	
Please return al	II correspon	dence concerning this matter	to the following:	
		Theresa Ortado		
			Name of Person	
		2332 NE 15th Court	Firm/Company	
		Jensen Beach Florida 3495	Address 7	
		theresaortado@gmail.com	City/State and Zip Code	
		E-mail address: (o be used for future annual report r	notification)
For further into	ниавоп сог	cerning this matter, please ca	all:	
Theresa Ortado	•		772 370-6743	
	Name of I		at () Atea Code Day	time Telephone Number
Enclosed is a cl	neck for the	following amount:		
≅ \$25,00 Filig	ig hee	El \$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)
	MAILIN	G ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P ⊖ Box 6327 Lattahussee, 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

Southeast Aero of Florida LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/25/2019 ___ and assigned Florida document number 1,19000268129 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 "LEC" or the abbreviation "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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

Zip Code

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	Marlin Moudy		
-		 345 Cardinal Trail Stuart Florida 34997	D .b
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Af amending any other in	formation, enter change(s) here: (Attach additional sheets, if necessary.)
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	11/13/2019
Note: If the date inserted in	and the date of filing:
the record specifies a di The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne record is filed.
Dated November 13	2019
C.	Signature of a member or authorized representative of a member
-	Christopher Ludwic Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00