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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
		G & G FLIGHT	CHARTER LLC	
SUBJI	ЕСТ:	Name of Limi	ited Liability Company	
The en	iclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			JOHN K PARDO	
			Name of Person	
		· G	& G FLIGHT CHARTER L	LC
			Firm/Company	
		1	07 BENT TREE LANE	
			Address	
		PAL	M BEACH GARDENS, FL	3418
			City/State and Zip Code	
		_	hnkpardo@gmail.com to be used for future annual rep	ort notification)
For fu	rther information co	oncerning this matter, please ca	·	,
	JOHN K PA	_	786	525-4834
	Name of	f Person	at () Area Code	Daytime Telephone Number
Enclos	sed is a check for th	ne following amount:		
Z \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	The Centr 2415 N. N	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICLES OF ORGANIZATION
OF

G & G FLIGHT CHAR	TER LLC		2030 Jan 29 Pl/12: 11
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appea Liability Company)	rs on o	our records.)
The Articles of Organization for this Limited Liability Company Florida document number L19000294425	were filed on	2/2/201	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
UPWIND FLIGHT CHARTER LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u>ن</u>	CHANGE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ט	CHANGE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our i	record	ds, enter the name of the new registere
Name of New Registered Agent: New Registered Office Address:	Enter Flo	orida str	CHAGE reet address
	City		, 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

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
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ective	date, if other than the date of filing: (optional)
te: If t	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
cument	s circuite date on the Department of State 3 records.
ecord sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	211 222
ted	JANUARY 19-2020
	JOHN K PARDO
	Signature of a member or authorized representative of a member
	JOHN K PARDO