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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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JUN 29 2020

COVER LETTER

TO: Registration Se Division of Cor		,	
SUBJECT: 5	Star Air Ll	i.	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Christophur	Name of Person	
	5 Star Air,	LLC Firm/Company	
	8191 (ollege	1Kwyn Suite 303	
	Ft. Myess, F	City/State and Zip Code	
	Christopher, Ko	Loun (Dama'), Loin to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
Christopher 1	Person	at (<u>239</u>) <u>707 - 7</u> Area Code Daytime	777 : Telephone Number
Enclosed is a check for th	e following amount:		
S \$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 Addres Registration S		Street Address: Registration Sec	rtion
Division of C		Division of Corp	
P.O. Box 632	7	The Centre of Ta	allahassee
Tallahassee, I	·L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 Star Air	LLC	11 7: 9: 57
(<u>Name of the Limited</u> (A	Liability Company as it now appears of Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	12 30 9 and assigned
Florida document number <u>L 1900303 605</u>	<u>.</u> .	•
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
		<u></u>
The new name most be distinguishable and contain the word	Is "Limited Liability Company," the desig	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
F-4		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regingent and/or the new registered office address by		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	F. F. 27	
	Enter Florida	street audress
	City	, Florida 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
MGR_	Fernando L. Branson	20300 Haskins Rd.	□Add
		North Fort Myers, FL 33917	⊠ Remove
			□Change
		□Add	
			□Remove
			Change
		□Add	
		□Remove	
		🗆 Change	
			□Add
			□Remove
			□Change
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		□Change	
		□Remove	
			Change

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(If an ef Note:	ive date, if other than the date of filing:
the reco	rd 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 led.
Dated	June 8 2020
	Signature of a member or authorized representative of a member
	Christophus Kugan Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00