## L20000002927

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## **COVER LETTER**

.

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

FIRST CIT	Y HELICOPTERS, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Jeffrey L. Turner				
Name of Person				_	
	712 N. Main St.				
		Address			
	Auburn, IN 46706			-	
	turnerlegal@hotmail.com	City/State and Zip Code			
For further information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report noti all:	fication)	1. Tr	
Jeffrey L. Turner		260 908-1447 at ()			
Name of Person		Area Code Daytim	e Telephone Numb	er	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nat copy is enclosed)	
Mailing Addres		Street Address:	ation		
Registration Section Division of Corporations		Registration Sec Division of Cor			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST CITY HELICOPTERS, 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 Compan Florida document number $\frac{L20000002927}{L20000002927}$ .	y were filed on 12/20/2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	7	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered	
New Registered Office Address:		
	Enter Florida street address , Florida  City Zip Code	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is	
Tf Ch	anging 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>	<u>Address</u>	Type of Action
MGR	CREACH, SHALENA C.	269 Cervantes Ave.	
		St. Augustine, FL 32084	■Remove
			□ Change
MGR	ABBAS, BENJAMIN J.	269 Cervantes Ave.	🗆 Add
		St. Augustine, F1, 32084	■Remove
			□ Change
MGR	OVERY, STEVEN E.	2636 <b>\$</b> 60	 <u>:</u> ■Add
		Auburn, IN 46706	□Remove
		<del></del>	
			C C Add
			Remove
			Change
			□Add
			□Remove
			□ Change
	<del> </del>		□Add
		<del></del>	Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: April 23, 2024 \_ (optional) (d) an effective 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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated April 23 2024 ignature of a member or authorized representative of a member STEVEN E. OVERY Typed or printed name of signee

Filing Fee: \$25.00