Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000103592 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WOODSTOCK AIR LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 19165767036 Date: 03/15/21 Time: 8:16 AM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Woodstock Air | |
|---|---|---------------------------|
| (Name of the Limited Lint (A Flor | pility Company as it now appears on our records.) rida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on 196/20 | and assigned |
| Florida document number 1.20000014269 | | |
| This amendment is submitted to amend the following: | : | |
| A. If amending name, enter the new name of the li | imited liability company here: | |
| The new name must be distinguishable and contain the words "I | limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or re | gistered office address on our records. | enter the name of the nev |
| registered agent and/or the new registered office a | address here: | |
| | | : |
| Name of New Registered Agent: | | |
| New Deviseered Office Address: | Enter Florida street address | •• |
| New Registered Office Address: | ٠,٦ | |
| | rida | |
| | 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.

If Changing Registered Agent, Signature of New Registered Agent

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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 | Susanne Chisholm | 7404 Gamble Rd. | |
| | | | Remove |
| | | Monticello F1, 32344 | ☐ Change |
| MGR | Keith Fitzgerald | 1009 Flying M Court | BAdd |
| | | 1009 Flying M Court Edgewater FL 32132 | □ Remove |
| | | FL 32132 | ☐ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | |

☐ Chance

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| | | | | .h |
|------------------------------------|---|------------------------------|---|---|
| Note: If the dat | if other than the date of filing is listed, the date must be specific and the inserted in this block does not bective date on the Department of | meet the applicable statutor | ng or more than 90 days after fili ry filing requirements, this da | ng.) Pursuant to 605 0207 (3)(b) ate will not be listed as the |
| f the record spe b) The 90th da | ecifies a delayed effective ay after the record is filed | date, but not an effec | ctive time, at 12:01 a.r | n. on the earlier of: |
| Dated Janu | ary 11 | 2021 | | |
| H | ary 11 Ure BHA Holowork Signature of a | member or authorized repres | sentative of a member | |
| | Hitchcock | | | |
| Anec | | Typed or printed name of s | ignee | |

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