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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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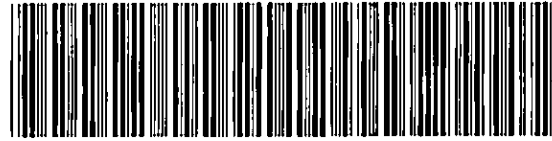
(Business Entity Name)

(Document Number)

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US 1/3/9/20



Chad S. Roberts

The Roberts Firm, pllc
1633 Challen Ave.
Jacksonville, FL 32205

+1.305.240.5148
chad.roberts@RobertsDiscovery.com

February 14, 2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Name Change - Sky Castle Aviation, LLC
Florida Document Number: L20000031625

The enclosed Articles of Amendment and fees(s) are submitted for filing. The new name of the entity is: TRYP Air Charter, LLC.

Please return all correspondence concerning this matter to the following:

Name: Chad S. Roberts, Esquire
Firm: The Roberts Firm, pllc
Address: 1633 Challen Avenue
City/State: Jacksonville, FL 32205
Email: chad.roberts@robertsdiscovery.com

For further information concerning this matter, please call:

Chad S. Roberts, at (305) 240-5148

Enclosed is a check for the following amount: \$ 25.00 Filing Fee

Sincerely,

w/enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sky Castle Aviation, 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 January 27, 2020 and assigned
Florida document number L20000031625

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FRYP Air Charter, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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.

N/A

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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Not APPLICABLE

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FBI - JEFFERSON

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

N/A

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TALLAHASSEE, FLORIDA

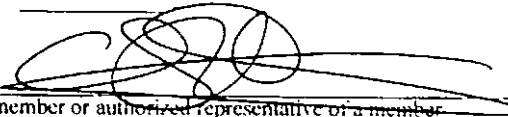
E. Effective date, if other than the date of filing: DATE of Filing (optional)

(If 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 February 14, 2020


Signature of a member or authorized representative of a member

Chad S. Roberts, Attorney for Sky Castle Aviation, LLC

Typed or printed name of signee

Filing Fee: \$25.00