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COVER LETTER

TO: Registration Section

Division	of Corp	orations					
		usitions, LLC	•				
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed Artic	cles of A	mendment and fee(s) are sub	mitted for filing.				
Please return all co	orrespon	dence concerning this matter	to the following:				
		Scott E. Ashton					
			Name of Person				
		O2 Aero Acquisitions, LLC	-, -				
		_	Firm/Company				
		8 Morgan Place					
	Address						
	Unionville, CT 06085						
			City/State and Zip Code				
		scott.ashton@o2aero.com E-mail address: 0	o be used for future annual report no	ification)			
For further inform	ation co	ncerning this matter, please ca					
Scott Ashton			860 866-6750 at ()				
	Name of	Person	Area Code Daytii	ne Telephone Number			
Enclosed is a chec	k for the	following amount:					
≘ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &: Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
P.O. Bo	ation So n of Co ox 6327	ection rporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	rporations Tallahassee oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

02 Aero Acquisitions, LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
he Articles of Organization for this Limited Liabilit	y Company were filed on 17 February	2020 and assigned
orida document number L20000053650	·	
his amendment is submitted to amend the following	:	
. If amending name, enter the new name of the l	imited liability company here:	
2 Aero Acquisitions, LLC		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	No Change	
Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
		· 63 11
nter new mailing address, if applicable:	No Change	
Mailing address MAY BE A POST OFFICE BOX)		
	-	
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. If amending the registered agent and/or registe gent and/or the new registered office address her	·	enter the name of the new regis
Name of New Registered Agent:	Change	
New Registered Office Address:		
The Registered Office Fluiress.	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.

: If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		□Add
			□ Remove
			□Change
			□Add
			Remove
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		Remove	
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ective date, if other than the effective date is listed, the date mustee: If the date inserted in this blument's effective date on the D	ock does not meet the applicable st	option of filing or more than 90 days after atutory filing requirements, this	ming.) ruisumii to 605.020
cord specifies a delayed effectiv s filed.	re date, but not an effective time, at	12:01 a.m. on the earlier of: (b)) The 90th day after the
ed	, 2020		
Steat Cla	Signature of a member or authorized r	enrecentative of a member	