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COVER LETTER

TO:	Registration Section Division of Corpor				<u>:</u>
SUBJ	ECT:	OY O O MY Name of Limi	ted Liability Company	4,	<u> </u>
The en	closed Articles of Am	endment and fee(s) are subr	mitted for filing.		
Please	return all corresponde	nce concerning this matter t	to the following:		
		Gradas	Name of Person O O M C Firm/Company 2 IVEY V I EW Address O 1 FL City/State and Zip Code	13120°	
Kor fu	- other information conc	E-mail address (t erning this matter, please ca	the deed for future annual	report notification)	
(Name of Pe	nieret_		393-5 Daytime Telepho	
Enclos	sed is a check for the fo	ollowing amount:			
<i>∱</i> े \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grown	r I LC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Conformation for the Liabil	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Court Month of Uo	ed liability company here: OU CAN PAVIATION LLC ed Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2023 JUN 26 AM
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
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.

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			□Change
		. 	□Add
			□Remove
			□Change
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an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date. If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	(optional) lys after filing.) Pursuant to 605.6 nts, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied is filed.	r of: (b) The 90th day after
ated (20)2023. Signature of a member or authorized representative of a member	