## LZO 000163983

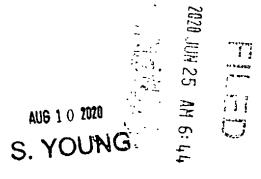
(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Special Instructions to Fil	ing Officer:	





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## **COVER LETTER**

TO: Registration Division of C			
A	Aviation LLC		
SUBJECT:	Name of Lin	ited Liability Company	<u>·</u>
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Eric A. Mitchell		
	<del></del>	Name of Person	
	Stargazer Aviation LLC		
		Firm/Company	<del></del>
	200 90th Ave NE		
		Address	
	Saint Petersburg, FL. 3370	02	
	<del></del>	City/State and Zip Code	
	ernstargazer@yahoo.com	to be used for future annual report notif	ication)
For further information	concerning this matter, please c		Carlon,
Eric A. Mitchell		727 871-9889	
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stargazer 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 Florida document number $\frac{L20000163983}{L20000163983}$	were filed on June 15, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, en	
New Registered Office Address:	Enter Florida street add	lress
New Registered Office Address:		
New Registered Office Address:		FloridaZip Code
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent	City	Florida

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>	Address	Type of Action
AMBR	Sandra L. Mitchell	200 90th Ave NE	≣Add
		Saint Petersburg, FL. 33702	□Remove
			□ Change
		<del></del>	Remove
	<del> </del>	□Change	
		□Add	
		Remove	
			Change
			□Add
		□Remove	
			□Change
		□Add	
		Remove	
			□Change
			DAdd
			□Remove
			☐ Change

Note:	tive date, if other than the date of filing:
e reco	rd 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 iled.
rd is f	
	June 22, 2020
ord is f	Signature of a member or authorized representative of a member

Filing Fee: \$25.00