L20000 192 893

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COVER LETTER

Tallahassee, FL 32314

	istration Sec ision of Corp				
SURFECT		Name of Limi	レこ		
SUBJECT.		Name of Limi	ted Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are subr	nitted for filing		
		idence concerning this matter (_		
		Dallas	Name of Person		
		TRIFLE D AWA			<u></u>
		455 TRAILS			
			Address Address Address Address City/State and Zip Code		
		DALLAS DUDLEY E-mail address: (1			n)
For further in	nformation co	oncerning this matter, please ca			
<u> </u>	Name of		at (<u>4707</u>) Area Code	301-733 Daytime Telep	2_ ohone Number
Enclosed is a	check for the	e following amount:			
≊ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re _i Div	iling Address gistration S vision of Co	ection orporations	Division	ation Section n of Corporat	ions
P.C	 Box 6321 	1	The Cer	ntre of Tallah	iassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIPLE D AVIATION	N 116 272	0 AU ; 25 PH 4: 28	
TRIPLE D AVIATION (Name of the Limited Liability) (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on _	7 Jul 20	and assigned
Florida document number <u>L20000192893</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
			·····
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our	records, enter the nam	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			·····
	Enter Flo	orida street address	
	City	, Florida	Zip Code
	City		nip 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

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>	2929 Address Pii 4: 28	Type of Action
AMBR B AMBR	DALLAS DUDLEY II	455 TRAILS END DR. MERRITT ISLAND, FL 32953	🔀 Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
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			□Change

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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of	(optional)
effective date is listed, the date must be specific and cannot be prior to date of : If the date inserted in this block does not meet the applicable stat iment's effective date on the Department of State's records.	tiling or more than 90 days after filing.) Pursuant to 605.0207 (utory filing requirements, this date will not be listed as t
ord specifies a delayed effective date, but not an effective time, at 1 filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
d ZIAUG . 2020 .	
	presentative of a member

Typed or printed name of signee