LZU UUO 214009

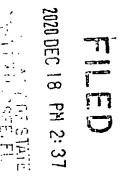
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COVER LETTER

TO:

	gistration Se vision of Cor				
Aero Spaces }		s Housing, LLC			
SUBJECT:		Name of Lim			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please returr	n all correspo	ondence concerning this matter	to the following:		
		Richard M. Colbert			
			Name of Person		
		 	Firm/Company		
		P.O. Box 123		ZOZO DEC 18 TH C	
			Address) -
		Gulf Breeze, FL 32562			ס ס
			City/State and Zip Code	Olio p	更 い
		richardmcolbert@gmail.cor		T15 /	۳. در
			to be used for future annual report notific	cation)	
For further is	nformation c	oncerning this matter, please co	all:		
Richard M.	Colbert		850 712-3441		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00 B	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	
	iling Addres	_	<u>Street Address:</u> Registration Sect	ion	
Registration Section Division of Corporations			Division of Corp		
P.O. Box 6327			The Centre of Ta	llahassee	
Tal	llahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aero Spaces Housing, 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 7-21-2020 and assigned Florida document number L20000214009 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Skywarrior Landing, 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Remove
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lote: If the date inserted in this ble	ock does not meet the a	pplicable statutor	ng or more than 90 day y filing requiremen	s after filing.) Pursu ts, this date will n	iant to 605.020 tot be listed as
ocument's effective date on the De	partment of State's rec	ords.			
record specifies a delayed effective	e date, but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th	ı day after the
l is filed.					-
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Ducember II	2020	· .			
	Signature of a member or	eel	mative of a member		

Filing Fee: \$25.00