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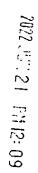
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COVER LETTER

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CUD INCT.		AVIATION LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		GARY F. CELETTI JR, E	SQ	
			Name of Person	
		GFC LAW PLLC		
			Firm/Company	
		2700 W CYPRESS CREE	K ROAD SUITE D-107	
			Address	_
		FORT LAUDERDALE F	LORIDA 33309	
			City/State and Zip Code	
		GARY@GFCLAWFL.COi	vi to be used for future annual repo	rt notification)
For further i	information co	oncerning this matter, please c	•	,
GARY F. C	ELETTI JR.	ESQ	954 635-22	
	Name of	Person	Area Code D	Paytime Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

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

Street Address:

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 CC 21 Pii 12: 09 WHYMNS 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 were filed on AUGUST 18 2020 and assigned Florida document number <u>L20000253618</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	BARTOVIA WHYMNS	9372 EQUUS CIRCLE	≣ Add
		BOYNTON BEACH, FLORIDA US 33472	□Remove
			□Change
			□Add
			□Remove
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cord specifies a delayed effect s filed.	ive date, but not an	effective time,	at 12:01 a.m. on th	e earlier of: (b)	The 90th day after the
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