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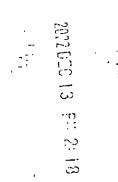
(Requestor's Name)
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COVER LETTER

Registration Section

TO:

Division of Cor	porations			
FLYFUEL				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	PHILIP JOSEPHSON			
		Name of Person		
	STERLING BUSINESS L	AW		~
		Firm/Company		
	3250 GRAND AVENUE.	SUITE 202	•	2021 EEG (
		Address		. <u>.</u>
	MIAMI, FL 33133			2. 18
		City/State and Zip Code		
	pjosephson@sterlingbusine			_
		to be used for future annual report not	meation)	
For further information c	oncerning this matter, please c	all:		
PHILIP JOSEPHSON		305 285-7970 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co tadditional cop	f Status & py
Mailing Address		<u>Street Address:</u> Registration Sc	ection	
Registration S Division of C		Division of Co		
P.O. Box 632		The Centre of	Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLYFUEL 3 LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on SEPTEMBER 17, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new mane must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	22
	$\overline{\omega}$
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	(8)
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, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	Florida Zin Code
	, , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	provided for in Chapter 605, F.N.Or, if this document is
If Cb	anging 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>	Name	<u>Address</u>	Type of Action
AMBR	JUMP FOR A DREAM LLC	40 SW 13th STREET, UNIT 102	■ Add
		MIAMI, FL 33130	[]Remove
			□Change
			□Add
			Remove
			□ Add! □ Nemove
			[]Change
		\	□Add
			Remove
			□Remove
			□ Change
			∐Add
			Remove
			□Change

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	- P
	j.
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ective date, if other than the date of filing:	(optional)
effective date, it office that the date of thank the date of the effective date is listed, the date must be specific and cannot be prior to date of the late inserted in this block does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.02 story filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12 s filed.	(0) a.m. on the earlier of: (b) The 90th day after the
ted DECEMBER 8	

Filing Fec: \$25.00