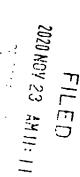
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





11/23/20--01021--003 \*\*25.00





## **COVER LETTER**

Division of Cor		•	
Unique Av	riation Solutions LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrew D Hall		
		Name of Person	
	Unique Aviation Solutions	LLC	
	<del></del>	Firm/Company	
	3253 Commercial Way		
		Address	
	Spring Hill, Florida, 34606	Ś	
	andrewhall.ues@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Andrew Hall		352 279-7538	
Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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 Addres	xx:	Street Address:	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unique Aviation Solutions LLC		
( <u>Name of the Limite</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
——————————————————————————————————————	ability Company were filed on October 12th 2020	and assigned
Florida document number L20000322374		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREE	(ADDRESS)	
		2020
		F 1
Enter new mailing address, if applicable:		23 =
Mailing address MAY BE A POST OFFICE I	<u></u>	<u> </u>
		<u> </u>
		: <u></u>
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the</u> s here:	name of the new registere
gen where the new regarded winger and ca	<del></del> .	
Name of New Registered Agent:		
Nava Baraias and Office Address		
New Registered Office Address:	Enter Florida street address	
	. Florid	a
	City	Zip 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>	<u>Address</u>	Type of Action
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			□ Remove
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fective date, if other than the date of an effective date is listed, the date must be speci	filing: _	not be prior	to date of t	ling or more	than 90 day	(optiona	il) na ) Purs	count to	605 0203
ote: If the date inserted in this block does	not meet	the applic	able statut	ory filing r	equiremen	ts, this da	te will	not be	listed as
ocument's effective date on the Departmen	it of State	s records.							
record specifies a delayed effective date, b	ot not an i	effective ti	me at 12:	Mam on	the parlier	of: (b)	The Q0t	th day (	ifter the
is filed.	at not an c	encenve n	me, at 12.	01 4.111. 011	inc carner	01. (0)	7 MC 701	in day a	iitei tiie
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ated November 18th									
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Filing Fee: \$25.00