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2024 SEP 12 PH 5: 43

## **COVER LETTER**

TO: Registration Se Division of Cor			,
SUBJECT:	S) Aviat	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Craig C	Name of Person	<del></del>
	4599 0	Firm/Company  Tega Is)  Address	and Or. N,
	Jackson Crain-U	City/State and Zip Code  Color	2210 ist. NET
For further information c	oncerning this matter, please ca	all:	
Cra Larie o	f Person	at (GO4) G12  Area Code Daytime	- 4575 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 20003350.70</u>	8-1-2-2424	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability  CPCH AVIATION LLC  The new name must be distinguishable and contain the words "Limited Liability"		L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2024 SEP	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	PM 5: 43 OF STATE SSEE, FL	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	, , , , , , , , , , , , , , , , , , ,	v registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	erformance of my duties, and I am familiar wit ovided for in Chapter 605, F.S. Or, if this docu	th and iment is

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>	Name	Address	Type of Action
	<u></u>		\ \_Add
			□Remove
			□Change
		, and the second	\ \ \_Add
			□Remove
			□Change
		- <u></u>	
			□Change
			□Remove
			□Change
	<del> </del>		□Add
			Remove
		_	□Change
			□Add
			Change

## Page 2 of 3

 $\mathcal{P}_{\mathcal{A}}(\mathbf{x},\mathbf{y},\mathbf{y}) = \mathcal{P}_{\mathcal{A}}(\mathbf{y},\mathbf{y},\mathbf{y})$ 

. If amending any	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective date is Note: If the date i	f other than the date of filing:	o 605.0207 (3) e listed as the
the record speci ) The 90th day	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e y after the record is filed.	arlier of:
Dated Q L	Signature of a member or authorized representative of a member	_
	Typed or printed name of signee	_