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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

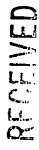
Account Number : I20090000081

Phone

: (307)200-2803

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the email address for this business entity to be used for future minual report mailings. Enter only one email address please.**

mail Address:_

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Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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A&E Keys Balloons 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 10/30/20 and assigned Florida document number _____ 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 27023 Shannahan Rd Enter new mailing address, if applicable: Summerland Key, FL 33042 (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 City 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.

7/16/2024 11:26:04 PDT。 To: 18506176383 Page: 3/4 Fax: 8134365206

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
		.	□Add
			□Remove
			Change A
			Change 7
			□Remove
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2024 11 26:04 PDT。	To 19506176383	Page: 4/4	Fax: 8134369
D. If amending any other	information, enter change(s) here: (At	tach additional sheets, if necessary.)	
			
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Note: If the date inserted	than the date of filing: e date must be specific and cannot be prior to date in this block does not meet the applicable st on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pu atutory filing requirements, this date wil	rsuant to 605,0207 (3)(b). I not be listed as the
memor senective unic	and the partition of the state.		
If the record specifies a delaye record is filed.	d effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 98	Oth day after the
Dated July 16	2024		
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1 9 16 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature of a member or authorized to		

Typed or printed name of signee

Nat Smith